STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020726	A. BUILDING: _____ B. WING _____	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL ASSISTED LIVING KAUKAUNA SOUTH	548 FRANCES ST KAUKAUNA, WI 54130

(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 04/23/2026, with information gathered through 05/07/2026, Surveyor conducted a probationary visit at Bethel Assisted Living Kaukauna South. As a result of the survey, 16 deficiencies were identified. Census: 3	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. 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 4 sustained a laceration requiring sutures in the emergency room. Findings include: On 04/23/2026, Surveyor conducted a probationary survey. Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 11/20/2025 with diagnoses of vascular dementia, diabetes mellitus, obesity, weakness, anxiety, multiple falls, and restless legs syndrome. Surveyor reviewed an incident report from 01/28/2026 that identified Resident 4 had an	N 165		

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

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N 165	Continued From page 1 unwitnessed fall in his/her room and was sent to the ER for evaluation and treatment. On 04/23/2026 at 9:00 AM, Surveyor interviewed Caregiver D who described Resident 4 as having multiple falls. S/he said Resident 4 was not at the facility for very long and indicated s/he fell, sustaining a head injury, went to the hospital and never came back. On 05/07/2025 at 8:48 AM, Surveyor interviewed Resident 4's legal representative, Guardian G. S/he said Resident 1 fell on 1/28/2026 and was admitted to the hospital after getting sutures for a head laceration. S/he said Resident 4 did not return to the facility. Surveyor reviewed the department's provider record and did not find evidence of self-report information sent by the provider for the incident. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who acknowledged Resident 4's incident with injury and hospitalization was not reported to the department.	N 165		
N 167	83.12(4)(e) Reporting fire on the premises. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: A fire occurs on the premises of the CBRF. 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 a fire occurred at the premises requiring residents to evacuate and the fire department to come to the	N 167		

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N 167	Continued From page 2 facility. Findings include: On 04/23/2026 at 9:42 AM, Surveyor interviewed Caregiver D. S/he said Resident 3 was no longer "allowed" to cook without supervision because his/her food started on fire in the microwave and the smoke alarms went off. Surveyor inquired whether the fire department came to the facility and Caregiver D said yes, Caregiver J had to evacuate the residents. Surveyor reviewed the department's provider record and did not find evidence of self-report information regarding a fire or evacuation. On 04/27/2026 at 11:05 AM, Surveyor interviewed Guardian K who said on 04/18/2026, s/he was alerted that Resident 3 was cooking without supervision and residents had to be evacuated due to a fire in the microwave. Guardian K said s/he was told Resident 3 now needed to be supervised for future safety. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who verified residents had to be evacuated after Resident 3 burned something in the microwave. Surveyor inquired whether there was an incident report for the incident and Administrator A said "I believe so." As of 05/07/2026, no incident report was provided to Surveyor.	N 167		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician	N 169		

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N 169	Continued From page 3 when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not immediately notify Resident 4's legal representative when s/he had a fall with significant injury and when there was a significant change in his/her mental condition. On 01/28/2026, Resident 4 had an unwitnessed fall and sustained a head laceration. Resident 4 was sent to the emergency room for sutures and was admitted to the hospital. Resident 4's legal guardian, Guardian H was not notified of his/her fall with injury and/or admittance to the hospital by the provider. On 01/14/2026, Resident 4's documentation identified s/he was placed on "suicide watch" by the provider. Guardian H was not notified of Resident 4's change in mental condition or interventions placed in relation. Findings include: Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 11/20/2025 with diagnoses of vascular dementia, diabetes mellitus, obesity, weakness, anxiety, multiple falls, and restless legs syndrome. Fall with Injury and Hospitalization	N 169		

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N 169	Continued From page 4 Surveyor reviewed Resident 4's fall report dated 01/27/2026 at 10:34 PM and noted "People Who Were Contacted: Physician Notified? [No box checked] Resident's family or representative notified? [No box checked]." On 05/07/2026 at 8:48 AM, Surveyor interviewed Guardian H who stated s/he never received any reports about Resident 4's falls. S/he said the hospital notified him/her of Resident 4's fall and admittance to the hospital on 01/27/2026, and the provider never did contact him/her. On 05/07/2026 at 1:30 PM, Surveyor interviewed Administrator A who verified Resident 4 was sent to the emergency room for a fall with injury. No additional information was provided regarding the fall, injury, or notification to Guardian H. Change in Mental Condition Surveyor reviewed Resident 4's observation note dated 01/14/2026 at 12:45 PM written by Administrator A "[Resident 4] will be assessed on Friday to move to another facility. [S/he] is not happy her [sic] and wants to move. Also [s/he] is on suicide watch until further notice due to [his/her] depression] [s/he] [sic] told the DR [physician] today that [s/he] is unhappy and has thoughts of harming [him/herself]." Surveyor inquired whether Guardian H was made aware that Resident 4 made comments during a medical appointment indicating s/he did not want to be alive and s/he said no. Surveyor inquired whether Guardian H was made aware that Administrator A put Resident 4 on suicide watch due to "suicidal ideation" and Guardian H said no. On 05/07/2026 at 1:30 PM, Surveyor interviewed Administrator A who said Resident 4 expressed suicidal ideation at a medical appointment. S/he	N 169		

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N 169	Continued From page 5 said s/he put him/her on 30 minute checks, they were in [his/her] observation notes, and communicated with his/her doctor. Surveyor inquired whether Guardian H was notified of Resident 4's change in mental condition and s/he said s/he would have to check but assumed so. No additional evidence was provided to Surveyor.	N 169		
N 172	83.12(6) Documentation requirements for written report All written reports required under this section shall include, at a minimum, the time, date, place, individuals involved, details of the occurrence, and the action taken by the provider to ensure residents ' health, safety and well-being. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all written reports included all required information to verify a complete investigation and ensure residents' health, safety and well-being. A written report for an investigation for Resident 1's alleged stolen cash did not include Resident 1's name, time, and details of the occurrence. An observation note of the investigation of Resident 4 having an injury of unknown origin did not include the origin of the injury, individuals involved, and consistent details of the injury. An observation note of the investigation of Resident 4 alleging s/he was left on the floor after an unwitnessed fall for 2-3 hours did not include consistent date, place, details of the occurrence, individuals involved, and action taken by the provider to ensure his/her health and safety. Findings include:	N 172		

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N 172	Continued From page 6 RESIDENT 1 Surveyor reviewed Resident 1's record and noted s/he moved to the facility on 11/20/2025 with diagnoses of paranoid and disorganized schizophrenia, pituitary tumor, and catatonia. Resident 1 had a legal guardian of person and managed his/her finances independently. Investigation of Allegation of Misappropriation On 04/23/2026 at 11:00 AM, Surveyor interviewed Caregiver D who said after Resident 1 moved in there was an incident where Resident 1 said his/her cash was stolen. Caregiver D said s/he had cashed his/her check for him/her and had given him/her the money from the check, but Administrator A told Guardian L that Caregiver D had taken the money. Caregiver D said it was a misunderstanding and his/her money was found and was not stolen. Surveyor inquired whether Administrator A had asked Caregiver D about the missing money and s/he said no. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who said s/he believed s/he completed an investigation for an allegation of misappropriation and would send Surveyor it. Administrator A said s/he believed his/her money was found in a different wallet s/he had, but could not provide further details or information of individuals involved. On 05/06/2026 at 3:18 PM, Administrator A faxed Surveyor documentation of an investigation conducted. Surveyor reviewed the written statement dated 11/25/2025 with no time written by Administrator A "Resident complained that someone stole money from [his/her] wallet.	N 172		

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N 172	Continued From page 7 When asked about this [s/he] said [s/he] doesn't know when it happened or how it happened or how much [s/he] had. Staff was questioned about this and they stated, No [sic] one knew [s/he] had money in [his/her] wallet when [s/he] came in nor were they aware of this. [S/he] told [County Worker M] about this and [s/he] told [him/her] that [s/he] didn't know about this either. Apparently [s/he] has a few wallets and some money was found in [his/her] other wallets but [s/he] didn't know how much [s/he] had. [County Worker M] told [him/her] to make sure [s/he] keeps [his/her] money where [s/he] knows where it is. [S/he] said [s/he] didn't know how much [s/he] had. Since [s/he] cashes [his/her] own checks staff is not aware of how much money [s/he] has on [him/her] at this time." RESIDENT 4 Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 11/20/2025 with diagnoses of vascular dementia, repeat falls, weakness, unsteadiness on feet, and diabetes with diabetic polyneuropathy. S/he had a legal guardian. Investigation for Injury of Unknown Origin On 04/30/2026, Surveyor reviewed Resident 4's Managed Care Organization (MCO) case notes referencing email correspondence to Administrator A from Nurse Care Manager (RNCM) P on 01/22/2026 from 01/21/2026 visit "[Resident 4] had a wound to [his/her] foot that [s/he] is not sure how [s/he] got. Can you explain this injury?" 01/23/2026 "When asked about a wound on [Resident 4's] foot, [Administrator A] provided no response." On 04/30/2026 at 1:32 PM, Surveyor interviewed	N 172		

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N 172	Continued From page 8 Care Manager (CM) Q who said Resident 4 had an approximately quarter sized sore on the back of his/her ankle. S/he said they never did know where it was from or get an update from Administrator A on it, but it was open and the cause was unknown. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A and inquired whether Administrator A conducted an investigation for an unknown abrasion to Resident 4's leg or ankle and s/he said yes. Administrator A said Resident 4 had scratched his/her ankle and it had opened up. Administrator A stated s/he would look for the documentation of his/her investigation. On 05/06/2026 at 3:18 PM, Administrator A faxed Surveyor documentation of an investigation for Resident 4. Surveyor reviewed the provided observation note dated 01/21/2026 3:00 PM written by Administrator A "Resident had stated that [s/he] had scraped [his/her] ankle and has been picking on the sore on [his/her] ankle. Area was cleaned and AAA [triple antibiotic ointment] was applied, bandage over ankle. Staff said that is new, area was not red or warm to the touch. Will monitor and update MD [physician] as needed if becomes red or shows signs of infection." Investigation for Allegation of Neglect On 04/30/2026, Surveyor reviewed MCO Case Notes and noted on 01/28/2026, CM-Q documented a visit with Resident 4 on 01/27/2026 where Resident 4 reported to him/her that s/he fell out of bed on 01/25/2026 at 2:00 AM, and laid on the floor until 7:30 AM. "[S/he] reports [s/he] could not get [him/herself] up because [his/her] sleeping medication make [him/her] dizzy ...Staff report that this is	N 172		

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N 172	Continued From page 9 'impossible' as they do bed checks every 30 minutes. [Resident 4] stated they are lying and staff sleeps on the [couch] in the living room." On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A. Surveyor inquired about an allegation of neglect where Resident 4 was on the floor from 2:00 AM to 7:15 AM and whether an investigation was conducted. Administrator A said "yes, and [Resident 4] was only on the floor for 15 minutes. On 05/06/2026 at 3:18 PM, Administrator A faxed Surveyor documentation of investigation conducted for Resident 4. Surveyor reviewed the provided observation note without a date written by Administrator A at 9:15 AM: "[Resident 4] complained of laying on the floor for 2-3 hrs. Observation for [Resident 4] Resident stated [s/he] fell last night and layed [sic] on the floor for over 2-3 hrs. [Caregiver D] called about this incident. [Administrator A] called staff and asked what happened. Staff stated [Resident 4] did not fall nor was [s/he] laying on the floor for 2-3 hrs [hours], [Resident 4] called [his/her] mco [managed care organization] and told them [s/he] fell and layed [sic] on the floor for 2-3 hrs. [His/her] MCO called and asked about this situation They [sic] were told that [s/he] was not laying on the floor and that [s/he] didn't fall as we talked to staff and this never happened." No additional information or follow up was provided or noted. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who acknowledged Surveyor's findings.	N 172		

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N 220	Continued From page 10	N 220		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse 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 obtain documentation for 3 of 3 employee records reviewed from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis (TB). Findings include: On 04/23/2026, Surveyor conducted a probationary survey. Surveyor requested to review Caregiver E, Caregiver F, and Caregiver H's employee records. Surveyor reviewed Caregiver E's employee record and noted s/he was hired for the company	N 220		

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N 220	Continued From page 11 on 07/15/2024 and started at the facility in November 2025. Surveyor reviewed Caregiver F's record and noted s/he was hired for the company on 06/26/2025 and started at the facility in November 2025. Surveyor reviewed Caregiver H's employee record and noted s/he was hired for the company on 04/19/2023 and started at the facility in November 2025. COMMUNICABLE DISEASE SCREENING Surveyor reviewed Caregiver E and Caregiver F's "EMPLOYEE HEALTH QUESTIONNAIRE" and noted Caregiver E's handwritten first name "was screened for illness detrimental to the resident and found to be free of communicable disease. Examiner's Signature:" Provider's registered nurse (RN) I's name was handwritten next to the line. TUBERCULOSIS (TB) SCREENING Surveyor reviewed Caregiver E, Caregiver F, and Caregiver H's "TB SCREENING TEST EMPLOYEE FORM" and noted testing and results listed. Administrator A's signature was on the line for each step of the TB test and RN-I's handwritten name was next to Administrator A's. On 04/27/2026 at 10:21 AM, Surveyor interviewed Caregiver E who stated s/he had not been screened for communicable disease screening to tested for tuberculosis. On 04/27/2026 at 8:35 AM, Surveyor interviewed RN-I who stated s/he was not responsible for communicable disease and TB screening for the company. Surveyor inquired whether s/he	N 220		

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N 220	Continued From page 12 screened any provider staff or screened any residents for communicable disease and TB and s/he said no. Surveyor inquired whether s/he wrote his/her name on the communicable disease and TB paperwork indicating s/he had screened staff and s/he said no. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A and verified Administrator A was not a physician, practitioner or registered nurse. Administrator A did not add any additional information for employees not receiving communicable disease and TB screening.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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(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 239	Continued From page 13	N 239		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Caregiver E completed training in Fire Safety and First Aid and Choking within 90 days after starting employment.

Findings include:

On 04/23/2026, Surveyor conducted a probationary survey.
On 04/28/2026, Surveyor received Caregiver E's employee record and noted s/he was hired for the company on 07/15/2024 and started at the facility in November 2025.

Surveyor reviewed a screenshot of Caregiver E's completed department approved trainings on UWGB's CBRF Training Registry and noted Fire Safety and First Aid and Choking were not listed. Surveyor noted a handwritten note from Administrator A: "[Caregiver E] had Fire Safety and First aid and choking by another instructor but we can't find it on website. Talked to nurse will have to redo the classes if we can't find them." Caregiver E's record did not include evidence of Caregiver E meeting any exemptions for Fire Safety and First Aid and Choking.

Surveyor reviewed UWGB's CBRF Training Registry and did not find evidence of Caregiver E completing Fire Safety and First Aid and Choking courses.

On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who acknowledged Caregiver E

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N 239	Continued From page 14 did not complete department-approved trainings in Fire Safety and First Aid and Choking within 90 days of employment.	N 239		
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 was screened for communicable disease, including tuberculosis (TB). Findings include: On 04/23/2026, Surveyor conducted a probationary survey. Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 11/20/2025. Surveyor reviewed Resident 1's "[sister facility]	N 302		

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N 302	Continued From page 15 TB SCREENING RESIDENT FORM" and noted testing and results listed. Administrator A's signature was on the line for each step of the TB tests and provider's registered nurse (RN) I's handwritten name was next to Administrator A's. On 04/27/2026 at 8:35 AM, Surveyor interviewed RN-I who stated s/he was not responsible for communicable disease and TB screening for the company. Surveyor inquired whether s/he screened any residents for communicable disease and TB and s/he said no. Surveyor inquired whether s/he wrote his/her name on the communicable disease and TB paperwork indicating s/he had screened Resident 1 and s/he said no. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A and verified Administrator A was not a physician, practitioner or registered nurse. Administrator A did not add any additional information for residents not receiving communicable disease and TB screening.	N 302		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written	N 310		

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N 310	Continued From page 16 statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not give in writing, explain orally, and obtain signatures and dates in 3 of 3 resident records (Resident 1, Resident 2, and Resident 4) reviewed upon admission. Resident 1, Resident 2, and Resident 4 were admitted to the facility without their legal representatives involvement in the admission process and signing the admission agreement. Findings include: On 04/23/2025, Surveyor conducted a	N 310		

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N 310	Continued From page 17 probationary survey. RESIDENT 1 Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 11/20/2025 from the hospital with diagnosis of schizophrenia. Surveyor reviewed Resident 1's admission agreement dated 11/20/2025, and noted in handwriting "Verbal consent for [Resident 1] - Emergency Placement County Worker until [s/he] gets Guardian [County Worker L] 11/20/25. [illegible signature]" Administrator A's signature. Surveyor reviewed Resident 1's Letters of Guardianship of Person Due to Incompetency effective 11/04/2024. On 04/27/2026 at 10:50 AM, Surveyor interviewed Guardian L who stated s/he was Resident 1's guardian effective 01/27/2026. Surveyor inquired whether Resident 1 was under guardianship prior to him/her and s/he said yes, s/he was his/her successor guardian following Resident 1's family member. Surveyor inquired whether the provider was aware of him/her being the successor guardian and s/he said yes, s/he should be. Guardian L said s/he was not given an opportunity to review and sign a new admission agreement when she became guardian of Resident 1 and did not receive a copy of Resident 1's original admission agreement from Administrator A. No evidence was provided that the prior guardian/family member reviewed the admission agreement and either signed or gave verbal consent. RESIDENT 2	N 310		

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N 310	Continued From page 18 Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on 03/20/2026 with diagnoses of dementia. Surveyor noted Resident 2's face sheet listed Guardian N as his/her guardian. Surveyor reviewed Resident 2's admission agreement dated 03/20/2026 and noted in handwriting "Verbal Consent County Emergency Admit [County Worker O] till [until] gets Guardian ...3/20/26." Administrator A's signature. On 04/27/2026 at 10:35 AM, Surveyor interviewed Guardian N who stated Resident 2 was protectively placed at the facility and s/he was Resident 2's temporary guardian effective 03/19/2026. S/he said Resident 2 had a hearing on 05/04/2026 for permanent guardianship. Guardian N said s/he had dropped off Resident 2's guardianship paperwork and his/her contact information upon admission. S/he said s/he did not discuss and review Resident 2's admission agreement with Administrator A upon admission to the facility. RESIDENT 4 Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 11/20/2025 with vascular dementia. Surveyor reviewed Resident 4's admission agreement and noted Resident 4's signature dated 11/20/2025. Surveyor noted handwritten "Verbal Consent [Guardian G] 11/20/25" Administrator A's signature. On 05/07/2026 at 8:48 AM, Surveyor interviewed Guardian G who said s/he had been Resident 4's legal representative prior to admission to the facility. Guardian G said s/he did not discuss or	N 310		

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N 310	Continued From page 19 review the admission agreement or paperwork with Administrator A. Surveyor inquired whether s/he was aware that it was written that Guardian G gave Administrator A "verbal consent" regarding Resident 4's care, services, and charges and s/he said no. On 05/05/2026 at 1:30 PM, Surveyor discussed findings with Administrator A. No additional information was provided.	N 310		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed (Resident 1 and Resident 4) received all medications as prescribed by their practitioner. Resident 1 did not receive 75 doses of melatonin reviewed from 02/01/2026-04/23/2026 as prescribed. Resident 4 did not receive 13 doses of Lantus solostar insulin, 2 doses of Trulicity, 64 doses of famotidine, 16 doses of iron, and 31 doses of vitamin d3 reviewed from 12/01/2025-01/27/2026 as prescribed. Findings include:	N 352		

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N 352	Continued From page 20 Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 11/20/2025 with diagnoses of disorganized and paranoid schizophrenia, pituitary tumor, and catatonia. Surveyor reviewed Resident 1's February, March, and April 2026 Medication Administration Records (MAR) and noted an order for Melatonin 3 mg - take 1 tablet nightly at bedtime with start date 11/20/2025 and no end date. Documentation showed Resident 1 did not receive Melatonin 3 mg 28 of 28 days in February, 24 of 24 days at the facility in March, and 23 of 23 days in April with the listed problem as "MCO [managed care organization] issue." On 04/23/2026 at 9:00 AM, Surveyor interviewed Caregiver D who said they had never had Resident 1's Melatonin since s/he moved in. Caregiver D said Administrator A was notified by him/herself multiple times. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who verified Administrator A was aware Resident 1's Melatonin was not filled. Administrator A indicated Resident 1 was not with a MCO, but it was a funding issue. Administrator A acknowledged Resident 1 had not received his/her melatonin as prescribed. RESIDENT 4 Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 11/20/2025 with diagnoses of diabetes mellitus, vascular dementia, gastro-esophageal reflux disease, Barrett's esophagus, obesity, and anemia. S/he was admitted to the hospital on 01/27/2026 and did not return to the facility.	N 352		

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N 352	Continued From page 21 Surveyor reviewed Resident 4's December 2025 and January 2026 MARs and noted the following medications documented as not administered as prescribed. Lantus Solostar 100 Units/mL start date 12/09/2025 - Prime with 2 units, inject 24 units subcutaneously at bedtime daily 01/01/2026-01/02/2026, 01/04/2026, 01/09/2026-01/11/2026, 01/13/2026, 01/16/2026, 01/19/2026-01/20/2026, 01/24/2026-01/25/2026, 01/27/2026 - reasons listed as "other problems" Trulicity 4.5 mg/0.5 mL pen start date 11/21/2025 - inject 0.5 mL subcutaneously once weekly on Saturday 01/03/2026, 01/24/2026 - reasons listed as "other problems" Famotidine 10 mg tablet start date 11/21/2025 - take 1 tablet twice daily 12/17/2025 8 PM, 12/18/2025 8 PM, 12/19/2025 - 12/20/2025 8 AM & 8 PM, 12/21/2025 8 AM, 12/22/2025-12/24/2025 8 AM & 8 PM, 12/25/2025 8 PM, 12/26/2025-12/29/2025 8 AM & 8 PM, 12/30/2025 8 PM, 12/31/2025 8 AM & 8 PM, 01/01/2026 8 AM, 01/02/2026-01/03/2026 8 AM & 8 PM, 01/04/2026 8 AM, 01/05/2026 8 AM & 8 PM, 01/07/2026 8 PM, 01/08/2026-01/14/2026 8 AM & 8 PM, 01/15/2026 8 AM, 01/16/2026 8 PM, 01/17/2026 8 AM & 8 PM, 01/18/2026-01/20/2026 8 AM, 01/21/2026 8 AM & 8 PM, 01/23/2026 8 PM, 01/24/2026-01/25/2026 8 AM & 8 PM, 01/26/2026 8 AM, 01/27/2026 8 PM - reasons listed as "other problems" Slow Release Iron 160 (50 mg) start date 11/21/2025 - take 1 tablet every other day 12/19/2025, 12/21/2025, 12/23/2025, 12/27/2025,	N 352		

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N 352	Continued From page 22 12/29/2025, 12/31/2025, 01/02/2026, 01/04/2026, 01/06/2026, 01/10/2026, 01/12/2026, 01/14/2026, 01/18/2026, 01/20/2026, 01/24/2026, 01/26/2026 - reasons listed as "other problems" Vitamin D3 1,000 Iu(25 mcg) tab start date 11/21/2025 - take 1 tablet daily 12/19/2025-12/24/2025, 12/26/2025-12/29/2025, 12/31/2025, 01/02/2026-01/06/2026, 01/08/2026-01/15/2026, 01/17/2026-01/21/2026, 01/24/2026-01/26/2026 - reasons listed as "other problems" On 05/01/2026 at 6:54 AM, MCO Provider Quality Supervisor (PQS) T sent Surveyor written correspondence indicating "From 1/1/26 to 1/27/26 ...More than 90 medication omissions on [Resident 4's] MAR. Meds not always given and not consistently signed out include Famotidine ... Iron, Trulicity, Vitamin D3 ... Lantus insulin." On 04/30/2026 at 1:32 PM, Surveyor interviewed Care Manager (CM) Q who said upon review of Resident 4's MARs in January (2026), there were a significant number of medication errors and omissions noted and sent to Administrator A for follow up. On 04/23/2026 at 11:00 AM, Surveyor interviewed Caregiver D who said Resident 4 did not have a known history of refusing medications. S/he said there was confusion with his/her medication orders, but s/he did not have any problems with Resident 4 taking the medications that were at the facility. Surveyor inquired what "other problems" on the MAR meant for the missed medications and s/he said the medication was not here, otherwise s/he wasn't sure. On 04/23/2026, Surveyor reviewed provider's undated "Medication Administration education" document sent to Surveyor by Administrator A	N 352		

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N 352	Continued From page 23 and noted "If medications are not available call [Administrator A], DO NOT mark other. If the resident refuses medications chart refusal, not 'other.' DO NOT chart 'OTHER' for anything unless necessary. If you must chart 'OTHER' you must also chart a reason. You must re-attempt when resident refused medications then go back to the MAR, and chart 'yes' for reattempt." On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who acknowledged missed medications for Resident 4. S/he said Resident 4 refused medications often and s/he was going to have RN-I train staff on documenting "Refused" instead of "Other problems." Surveyor inquired whether Resident 4's refusals would be documented elsewhere, and Administrator A did not have a response. Surveyor inquired with Administrator A whether Resident 4's care team was notified as they were not aware of evidence of refusals. Administrator A did not provide additional information.	N 352		
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.	N 406		

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N 406	Continued From page 24 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, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not follow their policy to return or dispose of Resident 4's medications upon discharge from the facility within 30 days. Resident 4 discharged from the facility on 02/04/2026. On 04/23/2026, Resident 4's insulin and glucagon-like peptide-1 (GLP-1) receptor agonist pens were still in the medication refrigerator at the facility amongst other resident medications. Findings include: On 04/23/2026, Surveyor conducted a probationary survey. At approximately 9:00 AM, Surveyor and Caregiver D toured the medication room. Surveyor and Caregiver D observed the refrigerator used to keep medications that had to be refrigerated in. Surveyor observed the following with Resident 4's name and medication directions on them: -an unopened box of 4 Trulicity (GLP-1) 4.5 mg/0.5mL pens -an opened box of 3 Trulicity 4.5 mg/0.5mL pens	N 406		

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N 406	Continued From page 25 -an open box of 2 Lantus solostar 100 units/1 mL insulin pens -an unopened box of 5 Lantus solostar 100 units/1mL insulin pens -an empty pen of Lantus solostar Surveyor inquired with Caregiver D the destruction policy and s/he said they kept medications for 30 days, otherwise they needed to be sent back to the pharmacy or destroyed. Caregiver D verified observation of Resident 4's GLP-1 and insulin pens in the refrigerator amongst other resident medications. Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 11/20/2025 with diagnoses of diabetes mellitus. Resident 4 was admitted to the hospital on 01/28/2026 and discharged from the facility on 02/04/2026. Surveyor reviewed provider's policy "Policy: Destruction and Disposal of Medications ...When a resident is discharged, the resident's medications are sent with the resident. This assures continuity of the medication regimen and discourages waste. If a resident is moving to another facility or returning home, a copy of the medication administration record should also accompany the medication. Medications that cannot be returned to the pharmacy must be separated from other medication in current use in the facility and stored in a locked area ...Discontinued medication may be kept for no more than 30 days." On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who acknowledged Resident 4's medications should not have been amongst other resident medications and should have been returned or destroyed.	N 406		

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(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 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 and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not provide 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: On 04/23/2026, Surveyor conducted a probationary survey. On 04/23/2026 at 8:15 AM, Surveyor interviewed Caregiver D. Caregiver D said, "We try really hard to do activities, but they don't like to do things together." Surveyor inquired whether s/he did activities with individual residents since there were 3 residents at the time of survey and s/he said sometimes, but s/he wasn't sure if other staff did. Surveyor inquired what activities Resident 1	N 427		

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	0020726	A. BUILDING: _____ B. WING _____	05/07/2026

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and Resident 2 were interested in and s/he said they keep to themselves mostly. S/he said Resident 3 was the only resident who enjoyed socialization and s/he would play cards with him/her occasionally.

At approximately 9:00 AM, Surveyor reviewed the posted April 2026 activity calendar and noted
10 AM MOVE IT FOR 30
2 PM It Happened 100 Years Ago
7 PM Music Time

At 10:00 AM, Surveyor observed Resident 1 in his/her room, Resident 2 eating cereal at the dining room table, and Resident 3 sleeping in his/her room. Exercise was not provided, encouraged, or promoted.

From 8:00 AM to 12:00 PM, during Surveyors' visit, no activities were observed as being provided, attempted, or encouraged.

Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 11/20/2025 with diagnoses to include paranoid schizophrenia, cerebral vascular accident and severe protein calorie nutrition. Resident 1's most recent ISP (individual service plan), with a print date of 04/23/2026, stated Resident 1 is to "receive monitoring of activity participation. Loves to watch TV, listen to Elvis Presley music, has a tape recorder [s/he] loves to play with...to ensure they are participating in activities daily to maintain both physical and mental health."

On 04/23/2026, Surveyor interviewed Resident 3 who had just came out of his/her room in his/her pajamas. Surveyor inquired whether s/he just woke up for the day and s/he said yes, s/he always slept that late as "there's nothing else to

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N 427	Continued From page 28 do, but sleep here." Resident 3 said s/he did not like living at the facility because there was not anything to do, or anyone to do things with. On 04/27/2026 at 11:05 AM, Surveyor interviewed Guardian K. Guardian K verified s/he was the guardian for Resident 3. Guardian K said they were looking at relocating Resident 3 to a place with activities and more engagement. On 04/27/2026 at 10:21 AM, Surveyor interviewed Caregiver E who said s/he did activities like playing cards and other games. Surveyor inquired whether s/he followed an activity calendar and s/he said no. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who acknowledged Surveyor's findings.	N 427		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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This Rule is not met as evidenced by:
Based on record review, observation, and interview, the provider did not refrigerate all foods requiring refrigeration at or below 40°F, frozen foods were not packaged, labeled and stored in a sanitary manner.

The refrigerator at the entrance of the kitchen had a reading of 48°F. In reviewing the temperature log on the fridge, there were 9 of 20 days where the temperature log identified temperatures over 40°F.
The 2 freezers located in the pantry behind the kitchen were contained thick ice on the shelves, top and bottom of the inside of the freezers. Multiple bags of unlabeled and/or unidentifiable meat that was repackaged had ice inside the bags or visible freezer burn on the meat. There were multiple frozen peeled bananas that staff did not know the purpose for.

Findings include:

On 04/23/2026, Surveyor conducted a probationary survey.

Surveyor note: According to USDA Food Safety and Inspection Service, "For safety, it is important to verify the temperature of the refrigerator. Refrigerators should be set to maintain a temperature of 40 °F or below. Some refrigerators have built-in thermometers to measure their internal temperature. For those refrigerators without this feature, keep an appliance thermometer in the refrigerator to

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monitor the temperature...Foods held at temperatures above 40 °F for more than 2 hours should not be consumed." Source: https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/refrigeration. Retrieved 05/07/2026.

At approximately 8:55 AM, Caregiver D and Surveyor toured the kitchen. Surveyor observed the portable thermometer in the refrigerator located at the front of the kitchen to be 48°F. Surveyor reviewed a temperature log posted on the front of the refrigerator for April 2026. Surveyor noted temperatures of 44.2°F, 42.2°F, 44.3°F, 42.3°F, 41.2°F, 42.7°F (some duplicated). Caregiver D verified the refrigerator temperatures were frequently above 40°F.

Surveyor note: According to USDA Food Safety and Inspection Service, "Proper packaging helps maintain quality and prevent freezer burn...Color changes can occur in frozen foods. The bright red color of meat as purchased usually turns dark or pale brown depending on its variety. This may be due to lack of oxygen, freezer burn or abnormally long storage." Source: https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/freezing-and-food-safety# Retrieved 05/06/2026.

Caregiver D and Surveyor observed 2 standup freezers located in the pantry behind the kitchen. Surveyor observed the freezer located the furthest from the entrance: All meat was re-packaged in gallon freezer bags.
Caregiver D said Licensee B got all frozen meat from a meat market in Chicago. It comes in bulk and then it was repackaged by staff and dispersed amongst the facility and sister facilities.

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N 452	Continued From page 31 Surveyor observed 5 freezer bags of unlabeled, unidentifiable meat, 1 unlabeled freezer bag of smoked animal bones, and 1 unlabeled freezer bag of unidentifiable unshaven (fur-visible) meat intermingled with other food in the freezer. Caregiver D stated, "That is not ours, I did not know that was in there." Caregiver D indicated one of the bags contained what s/he believed was turkey legs, but s/he was unable to identify the contents of the other 5 bags. Surveyor observed Caregiver D move all unlabeled and unknown freezer bags to the top shelf. Surveyor observed multiple freezer bags labeled as "01/19." Surveyor inquired when the meat was put in the freezer and Caregiver D said s/he would assume this past January 2026. Surveyor and Caregiver D noted white frost on the surface of the freezer bags of 2 labeled pork roasts, and 5 labeled chicken thighs. Surveyor and Caregiver D observed the top of the inside of the freezer to have approximately 4 inches of thick frost, the bottom shelf, and top shelf to be lined with frost. Surveyor and Caregiver D observed the freezer at the front of the pantry and noted 5 shelves fully covered in frost, as well as the top inside of the freezer. Surveyor noted 10 bags of peeled frozen bananas (at least 5 in each bag) in freezer bags that were an orange-tinged color. Surveyor inquired what the bananas were used for and how they were thawed and served to residents and Caregiver D said s/he didn't know. Caregiver D said they were Administrator A's and s/he would not serve them to residents. Surveyor observed 6 freezer bags of labeled fish fillets dated "01/19" with white frost on the surface of the fish. Surveyor observed a freezer bag of labeled ham dated 1-1-26 with 1 chunk of ham and 2 inches of loose frost in the bag, a small freezer bag of labeled pork roast fully covered in white frost, and	N 452		

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N 452	Continued From page 32 a bag with a single link of bacon with 4 inches of frost in it. Caregiver D threw the bag of bacon in the garbage. Surveyor note: Since the meats were repackaged, the directions for thawing and preparing the meat was not present. According to USDA, "Read the label on USDA-inspected frozen meat and poultry products. The inspection mark on the packaging tells you the product was prepared in a USDA or State-inspected plant under controlled conditions. Follow the package directions for thawing, reheating, and storing." Source: https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/freezing-and-food-safety# Retrieved 05/06/2026. Caregiver D stated, "I don't serve the residents this meat; this is nasty." Surveyor inquired whether other staff did and s/he said s/he didn't know. Surveyor inquired whether there were directions on how to thaw and prepare this meat and s/he said no. On 04/27/2026 at 10:21 AM, Surveyor interviewed Caregiver E who said s/he did not know how to prepare many foods and had to be taught how to cook certain meals. Surveyor inquired whether s/he knew how to thaw and prepare meat when it was freezer burnt and s/he said s/he wasn't sure. At 10:30 AM, Surveyor interviewed Manager C who said the unidentified meat was Employee U's and s/he removed all bags from the freezer to bring to him/her. S/he said s/he didn't know they were in there. On 05/05/2026 at 1:30 PM, Surveyor interviewed	N 452		

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N 452	Continued From page 33 Administrator A who said meats came from the Chicago meat market every week to two weeks. Administrator A acknowledged the meat in the freezer at the facility was all from 01/19. Administrator A said meat came in a box in bulk and then the meat was repackaged and brought to the various facilities from the sister facility. Surveyor inquired who was repackaging the meats and s/he said Licensee B, Manager C, and sometimes him/herself. Surveyor inquired whether Administrator A was aware of the frost and freezer burn on the meat surfaces and in the bags, as well as the frost in the freezers and s/he said no. Administrator A said s/he was not sure what the frozen bananas were for or where they were from. Administrator A said s/he was not aware the refrigerator temperature was frequently above 40 degrees Fahrenheit. Administrator A acknowledged Surveyor findings and said "okay."	N 452		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and	N 454		

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N 454	Continued From page 34 resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually	N 454		

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N 454	Continued From page 35 spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain 3 of 3 resident records reviewed. Resident 1's record did not contain documentation of his/her legal representative, and identified him/her to be his/her own person when s/he was under guardianship. Resident 1's record did not include documentation of court orders to include Resident 1's successor guardian. Resident 2's record identified the incorrect legal guardian and identified him/her to have an activated Power of Attorney for Healthcare (POAHC) when s/he was under guardianship. Resident 2's record did not include copies of his/her court orders including his/her emergency placement, protective placement, and temporary guardianship which affect the care and treatment of him/her. Resident 4's record did not include copies of his/her court orders including his/her guardianship papers. Findings include: On 04/23/2026, Surveyor conducted a probationary survey. Surveyor requested to review Resident 1,	N 454		

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Resident 2, and Resident 4's admission paperwork including court documents and legal orders.

Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 11/20/2025 with diagnoses of paranoid and disorganized schizophrenia, pituitary tumor, severe protein-calorie malnutrition, and catatonia. Surveyor reviewed Resident 1's face sheet and noted no legal representative or emergency contact was listed. Surveyor noted under "Advance Directives" section "Health Care Power of Attorney NO...Guardian NO." Surveyor reviewed Resident 1's court orders and guardianship documentation and noted Former Guardian R and protective placement at Resident 1's previous facility.

On 04/27/2026 at 10:50 AM, Surveyor interviewed Guardian L who confirmed s/he was Resident 1's legal guardian since 01/27/2026 and s/he was not under protective placement. Guardian L stated s/he had provided the most recent court papers to Administrator A.

Surveyor reviewed Resident 2's record and noted s/he was admitted to the facility on 03/20/2026 with diagnoses of dementia. Surveyor reviewed Resident 2's face sheet and noted a guardian listed and under "Advance Directives" section "Health Care Power of Attorney NO...Guardian NO."

On 04/27/2026 at 11:34 AM, Surveyor interviewed Case Manager S who stated Resident 2 was emergency protectively placed on 03/20/2026 following an adult protective services report at his/her home in the community. S/he said Resident 2 had progressed dementia and his/her

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N 454	Continued From page 37 family could not care for him/her. Resident 2 did not have a power of attorney set up, so s/he was issued a temporary guardian on 03/19/2026 with protective placement at the facility on 03/20/2026. Case Manager S said s/he provided the paperwork to Administrator A. On 04/27/2026 at 10:35 AM, Surveyor interviewed Guardian N who confirmed s/he was Resident 2's legal guardian and Resident 2 was protectively placed at the facility. Guardian N verified s/he was identified as Resident 2's guardian on 03/19/2026 and provided the paperwork to staff at the facility upon Resident 2's admission. Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 11/20/2025 with diagnoses of vascular dementia, depression, anxiety, type 2 diabetes with diabetic polyneuropathy, other toxic encephalopathy, repeat falls, obesity, heart disease, insomnia, and restless legs syndrome. On 04/30/2026 at 1:32 PM, Surveyor interviewed Care Manager (CM) Q who stated Resident 4 was under guardianship with Guardian H. Surveyor interviewed Guardian H who verified s/he was Resident 4's legal guardian. Guardian H said s/he provided Resident 4's court and guardianship documents to staff at the facility. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who acknowledged not having all of Resident 1, Resident 2, and Resident 4's records.	N 454		

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N 523	Continued From page 38	N 523		
N 523	83.47(2)(b) Exit diagram. Exit diagram. The disaster plan shall have an exit diagram that shall be posted on each floor of the CBRF used by residents in a conspicuous place where it can be seen by the residents. The diagram shall identify the exit routes from the floor, including internal horizontal exits under par. (f) when applicable, smoke compartments or a designated meeting place outside and away from the building when evacuation to the outside is the planned response to a fire alarm. This Rule is not met as evidenced by: Based on observation and interview, the provider's exit diagram did not identify the exit routes or a designated meeting place outside and away from the building when evacuation to the outside is the planned response to a fire alarm. Findings include: The provider is a class CS (semi-ambulatory) CBRF who may serve up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, be of advanced age, have a terminal illness, traumatic brain injury, and/or dementia/Alzheimer's. At the time of survey, 3 residents resided in the facility. On 04/23/2026, Surveyor conducted a probationary survey. At 8:50 AM, Surveyor toured the facility with Caregiver D. During tour, Surveyor observed 4 doors to the outside and a framed floor plan of the facility posted on the wall next to each door. Surveyor observed the floor plan did not identify exits, exit routes, and a designated meeting place outside of the facility. Surveyor verified observation with Caregiver D that the posted exit	N 523		

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(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 523	Continued From page 39 diagrams were floor plans without any identification in the case of a need for evacuation. Caregiver D indicated s/he had different maps up previously, but was advised by Administrator A to replace them with the current floor plans. At approximately 10:00 AM, Surveyor interviewed Manager C who verified the posted exit diagrams were floor plans and did not identify evacuation routes, exits, or a designated safe space outside.	N 523		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct fire evacuation drills at least quarterly with both employees and residents.	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020726	A. BUILDING: _____ B. WING _____	05/07/2026

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N 525	Continued From page 40 The provider received a probationary license on 07/01/2025. The facility had the first resident move in in November 2025. Fire evacuation drills were not conducted in fourth quarter of 2025 and first quarter of 2026. Findings include: The provider is a class CS (semi-ambulatory) CBRF who may serve up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, be of advanced age, have a terminal illness, traumatic brain injury, and/or dementia/Alzheimer's. At the time of survey, 3 residents resided in the facility. On 04/23/2026, Surveyor conducted a probationary survey. Surveyor reviewed provider's handwritten fire evacuation drills and noted drills were conducted on 11/20/2025 at 8:00 AM and 02/10/2026 at 12:00 PM. At 8:45 AM, Surveyor interviewed Caregiver D who said s/he had not conducted a fire drill at the facility yet. Caregiver D said s/he had been working full time days at the facility since it had opened in July 2025. Surveyor inquired whether Caregiver D worked on 11/20/2025 at 8:00 AM and 02/10/2026 at 12:00 PM and s/he said yes. Caregiver D verified s/he did not conduct fire evacuation drills on either of these dates. Surveyor reviewed the provider's schedule and verified Caregiver D was scheduled and worked on 11/20/2025 and 02/10/2026 AM shifts. On 05/05/2026 at 1:30 PM, Surveyor shared findings with Administrator A who did not have	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020726	A. BUILDING: _____ B. WING _____	05/07/2026

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BETHEL ASSISTED LIVING KAUKAUNA SOUTH	548 FRANCES ST KAUKAUNA, WI 54130

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N 525	Continued From page 41 anything to add regarding fire evacuation drills not being conducted as written.	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 conduct other evacuation drills at least semi-annually. The provider received a probationary license on 07/01/2025. The facility had the first resident move in during November 2025. No other evacuation drills had been conducted since residents moved into the facility. Findings include: The provider is a class CS (semi-ambulatory) CBRF who may serve up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, be of advanced age, have a terminal illness, traumatic brain injury, and/or dementia/Alzheimer's. At the time of survey, 3 residents resided in the facility. On 04/23/2026, Surveyor conducted a probationary survey. Surveyor reviewed provider's handwritten torando drills and noted other evacuation drills were conducted on 11/20/2025 at 12:00 PM, 02/10/2026 at 4:00 PM, and 04/16/2026 a 8:00 PM. Surveyor reviewed provider's handwritten flood	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020726	A. BUILDING: _____ B. WING _____	05/07/2026

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N 526	Continued From page 42	N 526		

drills and noted other evacuation drills were conducted on 11/20/2025 at 4:00 PM, 02/10/2026 at 8:00 PM, and 04/18/2026 at 12:00 PM. Surveyor note: Fire drills were listed as also being conducted on 11/20/2025 and 02/10/2026.

At 8:45 AM, Surveyor interviewed Caregiver D who said s/he had not conducted a tornado, flood, or other evacuation drill at the facility yet. Caregiver D said s/he had been working at the facility since it had opened in July 2025. Surveyor inquired whether Caregiver D worked on 11/20/2025 at 12:00 PM and 04/18/2026 at 12:00 PM, and s/he said yes. Caregiver D verified s/he did not conduct a tornado drill on 11/20/2025 or a flood drill on 04/18/2026.

On 04/27/2026 at 10:21 AM, Surveyor interviewed Caregiver E who said s/he had not conducted a floor or tornado drill at the facility yet. Surveyor inquired whether s/he worked at the facility 02/10/2026 and s/he said yes. Surveyor inquired whether s/he conducted a tornado drill at 4:00 PM and flood drill at 8:00 PM, and s/he said s/he didn't think so.

Surveyor reviewed the provider's schedule and verified Caregiver D was scheduled and worked on 11/20/2025 and 02/10/2026 AM shifts. Surveyor reviewed the provider's schedule and verified Caregiver E was scheduled and listed as worked on 02/10/2026 PM shift.

On 05/05/2026 at 1:30 PM, Surveyor shared findings with Administrator A who did not have anything to add regarding other evacuation drills not being conducted as written.