Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012234	A. BUILDING: _____ B. WING _____	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DI LANA HOUSE	W274 S4025 TIMBER TRL WAUKESHA, WI 53189

(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 09/17/2025 with information gathered through 09/18/2025, Surveyor conducted a standard licensing survey at Di Lana House, a CBRF in Waukesha, WI. Four deficiencies of Chapter DHS 83 were identified. One of 4 deficiencies was a repeat violation. See statement of deficiency (SOD) N7U514, dated 05/26/2021. Census: 8	N 000		
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 The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws.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, strength and amount.	N 406		

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

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N 406	Continued From page 1	N 406		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure medications that had expired were removed from the medication cart and disposed of within 30 days.

This is a repeat deficiency. See statement of deficiency (SOD) N7U514, dated 05/26/2021.

Findings include:

On 09/17/2025 at 11:25 AM, Surveyor toured the provider's medication cart with Manager A and Caregiver C. The following was observed:

- Resident 1's package of Bisacodyl 10 mg suppositories, contained 28 suppositories, and was dated to discard after 11/01/2024.
- Resident 2's bubble pack of Acetaminophen 500 mg caplets, contained 16 caplets, and was dated to discard after 03/05/2025.
- Resident 2's bubble pack of Ondansetron Hcl 4 mg tablets, contained 15 tablets, and was dated to discard after 03/20/2025.
- Resident 2's bubble pack of Loperamide Hcl 2 mg capsules, contained 30 capsules, and was dated to discard by 03/20/2025.
- Resident 3's bubble pack of Hydroxyzine Hcl 50 mg tablets, contained 24 tablets, and was dated to discard after 01/01/2025.
- Resident 3's bubble pack of MPAP 500 mg capsules, contained 30 capsules, and was dated to discard after 01/01/2025.
- Resident 4's bubble pack of Acetaminophen PM Caplets, contained 30 caplets, and was dated to discard after 01/01/2025.
- Resident 5's bubble pack of Acetaminophen

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N 406	Continued From page 2 325 mg tablets, contained 24 tablets, and was dated to discard after 11/01/2024. On 09/17/2025 at approximately 11:40 AM, Surveyor interviewed Manager A and Caregiver C. Caregiver C stated s/he tries to keep an eye on medications in the cart that should be destroyed. Manager A confirmed the pharmacy was there in April 2025 to do a medication audit. Neither Manager A nor Caregiver C could explain why many medications were retained passed the expiration date.	N 406		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 clothes dryer utilized a vent that was made of rigid venting tubing. Findings include: On 09/17/2025 at approximately 11:50 AM, Surveyor toured the home and observed 1 of 1 clothes dryer vents that was made of a flexible venting material. On 09/17/2025 at approximately 11:50 AM, Surveyor interviewed Manager B. Manager B stated the dryer previously used a full rigid vent	N 488		

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N 488	Continued From page 3 but that it had repeatedly become disconnected. S/he stated the venting would be changed back to the rigid venting to meet regulations.	N 488		
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 interview and record review, the provider did not ensure at least one fire evacuation drill was held annually that simulated the conditions during usual sleeping hours for the years of 2023 or 2024. Findings include: The facility is licensed as a class CS (semi-ambulatory) community based residential facility, able to serve up to 8 residents within the	N 525		

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N 525	Continued From page 4 client groups of advanced aged, irreversible dementia/Alzheimer's, developmentally disabled, or emotionally disturbed/mental illness. On 09/17/2025, Surveyor, Manager A, and Manager B reviewed documentation of fire evacuation drills conducted in 2023 and 2024. The 2023 and 2024 fire drill documented included at least 1 fire drill conducted each quarter. The documentation provided did not indicate any fire drills conducted were to simulate conditions during normal sleeping hours. On 09/17/2025 at approximately 11:30 AM, Surveyor interviewed Manager A and Manager B. Manager A stated the records already reviewed were the only documents for fire drills for the facility. Manager B stated s/he thought drills at 7:00 PM or 8:00 PM would satisfy the requirement. Manager B stated s/he did not know the drill had to specifically simulate sleeping conditions. Manager A and Manager B agreed the provider would begin conducting at least 1 NOC simulated drill each year.	N 525		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United	Z 012		

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Z 012	Continued From page 5 States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not make a food faith effort to obtain a background check when a caregiver indicated s/he had resided out of state in the past 3 years on his/her background information disclosure (BID). The provider did not request a background check from the state Caregiver D had previously resided. Findings include: On 09/17/2025, Surveyor conducted a standard licensing survey and reviewed employee records provided by Manager A and Manager B. The employee record documented that Caregiver D was hired on 12/21/2023. The record included a BID, dated 12/01/2023, that indicated Caregiver D resided outside of Wisconsin in the last 3 years. The record did not contain an out of state or other state background check.	Z 012		

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Z 012	Continued From page 6 On 09/17/2025 at approximately 12:45 PM, Surveyor reviewed concern with Manager A that Caregiver D resided out of state, yet his/her record did not include a background check from another state. Manager A stated s/he did not notice Caregiver D marked "yes" on his/her BID. Manager A also was not aware of how or where to request an out of state background check.	Z 012		