STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018891	A. BUILDING: _____ B. WING _____	10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBERWOOD LODGE LAKE MILLS	510 OWEN STREET LAKE MILLS, WI 53551

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N 000	Initial Comments On 10/30/2025, with information gathered through 10/31/2025, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at Timberwood Lodge Lake Mills, located at 510 Owen Street in Lake Mills, WI. Six citations of noncompliance were issued. Census: 13	N 000		
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 observation, interview, and record review, the provider did not ensure all caregivers were screened for communicable disease, as required, within 90 days before the start of their employment at the facility. The findings include:	N 220		

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

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N 220	Continued From page 1 On 10/30/2025 at approximately 9:15 A.M., Surveyor observed Caregiver F and Caregiver G working at the facility with residents. On 10/30/2025, Assistant Administrator C and Surveyor reviewed Caregiver F's, Caregiver G's and Caregiver I's employee records. Assistant Administrator C told Surveyor Caregiver I primarily worked during the evening and overnight shifts at the facility. Caregiver F was hired on 01/14/2025, Caregiver G was hired on 08/19/2025, and Caregiver I was hired on 08/24/2023. Surveyor reviewed documentation of completed tuberculin tests for Caregiver F, Caregiver G, and Caregiver I. Assistant Administrator C told Surveyor s/he was unable to provide any documentation of Caregiver F, Caregiver G, and Caregiver I being screened for communicable disease, as required. On 10/30/2025 at 11:09 A.M., Licensee A and Assistant Administrator C told Surveyor they were unaware of this requirement and would work on getting this noncompliance corrected.	N 220		
N 284	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the employee record of Caregiver I, 1 caregiver having worked at the facility for over 1 year out of a sample of 3 caregivers, included documentation of any evidence of continuing	N 284		

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N 284	Continued From page 2 education completed by Caregiver I during 2024. The findings include: On 10/30/2025, Assistant Administrator C and Surveyor reviewed Caregiver I's employee record. Assistant Administrator C told Surveyor Caregiver I primarily worked during the evening and overnight shifts at the facility. Caregiver I was hired on 08/24/2023. At approximately 11:00 A.M., Assistant Administrator C told Surveyor s/he knew Caregiver I completed continuing education, as required, for 2024 but was unable to provide any documentation Caregiver I had completed the training. Assistant Administrator C said Former Administrator B may have placed them in an unknown location. Licensee A told Surveyor Former Administrator B had terminated employment within the last 2-3 weeks after being the administrator since the facility was licensed. Licensee A told Surveyor Administrator D and Assistant Administrator C will ensure all caregiver training will be completed and documented, as required, moving forward.	N 284		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic	N 408		

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N 408	Continued From page 3	N 408		

medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure Resident 3's individual service plan (ISP) included a detailed description of the behaviors which indicated the need for administration of Resident 3's PRN clonazepam (psychotropic medication), Resident 3's record included documentation of the effectiveness of the PRN medication administration, and Assistant Administrator C documented monitoring for inappropriate use of Resident 1's PRN clonazepam.

The findings include:

On 10/30/2025 at 12:16 P.M., Surveyor observed Resident 3 in his/her room after lunch and conducted an interview with Resident 3.

On 10/30/2025, Assistant Administrator C provided Surveyor with Resident 3's record including Resident 3's practitioner's prescriptions for medications and Resident 3's medication administration records (MARs) for September 2025 and October 2025. Resident 3 was admitted to

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the facility on 09/08/2023 with diagnoses including schizoaffective disorder. Resident 3's practitioner's orders included a prescription for clonazepam 0.125 milligrams (mg) to be administered by mouth once daily as needed (PRN) for anxiety, insomnia, and/or agitation.
Resident 3's September 2025 MAR included caregiver documentation of the following PRN administrations of clonazepam:
* 09/21/2025 at 7:56 P.M., "[Resident 3] has been laughing and has not slept in over 24 hours. Laughing, [using] different voices, and not sleeping." The documentation did not include the effectiveness of clonazepam following this administration.
* 09/23/2025 at 7:14 P.M., "Uncontrollable laughing, not sleeping, sort of manic." The documentation did not include the effectiveness of clonazepam following this administration.
Resident 3's electronic caregiver observation notes did not include documentation of the effectiveness of the PRN doses of clonazepam administered to Resident 3 on 09/21/2025 and 09/23/2025.
Resident 3's October 2025 MAR included caregiver documentation of the following PRN administrations of clonazepam:
* 10/03/2025 at 6:47 P.M., "Manic, uncontrollable laughing, not sleeping at night." The documentation did not include the effectiveness of clonazepam following this administration.
* 10/06/2025 at 6:54 P.M., "Not sleeping,manic." The documentation did not include the effectiveness of clonazepam following this administration.
Resident 3's electronic caregiver observation notes did not include documentation of the effectiveness of the PRN doses of clonazepam administered to Resident 3 on 10/03/2025 and 10/06/2025.

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N 408	Continued From page 5 Resident 3's ISP dated 09/11/2025 did not include a detailed description of the behaviors which indicated the need for administration of Resident 1's PRN clonazepam. On 10/30/2025 at 12:58 P.M., Assistant Administrator C told Surveyor s/he was responsible for monitoring for the inappropriate use of Resident 1's PRN clonazepam. Assistant Administrator C told Surveyor s/he reviewed Resident 3's record on a monthly basis related to administration of Resident 3's PRN clonazepam but did not document the outcome of the monthly reviews within Resident 3's record. Assistant Administrator C said s/he missed including the target behaviors specific to the administration of Resident 3's PRN clonazepam within Resident 3's ISP and would remind the caregivers to include follow-up documentation for effectiveness after administration of Resident 3's PRN clonazepam.	N 408		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure non-licensed caregivers were delegated to administer medications	N 416		

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including injectable medication and nebulized medication. At least 4 current non-licensed caregivers were not delegated by a RN to administer injectable insulin to Resident 1 and a nebulizer medication to Resident 2.

The findings include:

On 10/30/2025 at approximately 9:15 A.M., Assistant Administrator C told Surveyor the facility did not currently have a RN, employed or contracted, to delegate non-licensed caregivers to administer injectable and/or nebulizer medications. Assistant Administrator C said RN E was previously contracted by the facility to delegate non-licensed caregivers but RN E was no longer contracted by the facility.

On 10/30/2025 at approximately 10:15 A.M., Caregiver F and Surveyor conducted observations of the facility's medication cart and resident medication storage. Caregiver F told Surveyor Resident 1 required daily injections of insulin administered by facility caregivers.

On 10/30/2025, Assistant Administrator C and Surveyor reviewed Caregiver F's, Caregiver G's and Caregiver I's employee records. Caregiver F was hired on 01/14/2025, Caregiver G was hired on 08/19/2025, and Caregiver I was hired on 08/24/2023. Assistant Administrator C told Surveyor s/he was unable to provide any documentation of RN delegation for any of the facility's unlicensed caregivers, including Caregiver F, Caregiver G, and Caregiver I.

On 10/30/2025 at 12:25 P.M., Surveyor conducted

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an interview with Resident 2 located in Resident 2's room. Surveyor observed a nebulizer machine located on a table near Resident 2's recliner chair. Resident 2 told Surveyor the caregivers administer a nebulizer medication treatment to him/her daily in the afternoon.

On 10/30/2025 at approximately 12:30 P.M., Caregiver F and Caregiver G told Surveyor neither of them had received RN delegation to administer injectable and/or nebulizer medications to residents from RN E or any other RN since being hired at this facility.

On 10/30/2025 at approximately 1:00 P.M., Caregiver H, hired on 07/14/2025, told Surveyor s/he had not received RN delegation to administer injectable and/or nebulizer medications to residents from RN E or any other RN since being hired at this facility.

On 10/30/2025, Assistant Administrator C provided Surveyor with Resident 1's record including Resident 1's practitioner's prescriptions for medications and Resident 1's medication administration records (MARs) for September 2025 and October 2025. Resident 1 was admitted to the facility on 07/01/2017 with diagnoses including type 2 diabetes. Resident 1's practitioner's orders included a prescription for 30 units of Basaglar (long-acting insulin) to be administered to Resident 1 by injection daily and 3 units of Novolog (short-acting insulin) to be administered to Resident 1 by injection 3 times a day with meals. Resident 1's Novolog insulin was prescribed to be held (not administered) if Resident 1 was not eating anything by mouth or eating "25% less of meal" and if Resident 1's blood glucose level was

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N 416	Continued From page 8 less than 120. Resident 1's September 2025 and October 2025 MARs included documentation of Resident 1's Basaglar insulin and/or Novolog insulin was administered, as prescribed, to Resident 1 by multiple non-licensed caregivers including Caregiver F, Caregiver G, Caregiver H, and Caregiver I. Assistant Administrator C provided Surveyor with Resident 2's record including Resident 2's practitioner's prescriptions for medications and Resident 2's medication administration records (MARs) for September 2025 and October 2025. Resident 2 was admitted to the facility on 12/27/2024 with diagnoses including chronic obstructive pulmonary disease and asthma. Resident 2's practitioner's orders included a prescription for 1 vial of albuterol to be administered to Resident 2 by nebulizer daily in the afternoon. Resident 2's September 2025 and October 2025 MARs included documentation of Resident 2's albuterol nebulizer was administered, as prescribed, to Resident 1 by multiple non-licensed caregivers including Caregiver F, Caregiver H, and Caregiver I. On 10/30/2025 at approximately 2:00 P.M., Licensee A told Surveyor Administrator D had a RN in mind to contract with the facility and provide RN delegation to the facility's non-licensed caregivers.	N 416		
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	N 525		

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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 fire evacuation drills were conducted at least quarterly with both employees and residents, as required.

Findings include:

On 10/30/2025, Assistant Administrator C and Surveyor reviewed the facility's fire drill records for 2023, 2024, and 2025. The fire drill documentation for 2023 did not include a fire drill was conducted during the second and fourth quarters of that year. The fire drill documentation for 2024 did not include a fire drill was conducted during the fourth quarter of that year. The fire drill documentation for 2025 did not include a fire drill was conducted during the first, second, and third quarters of this year.

On 10/30/2025 at 11:30 A.M., Assistant

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N 525	Continued From page 10 Administrator C told Surveyor s/he was unable to locate any documentation to confirm the missing quarterly fire drills during 2023, 2024, and 2025 were conducted as required. Assistant Administrator C said Former Administrator B may have placed them in an unknown location. Licensee A told Surveyor Former Administrator B had terminated employment within the last 2-3 weeks after being the administrator since the facility was licensed. Licensee A told Surveyor Administrator D and Assistant Administrator C will ensure all fire drills will be conducted and documented, as required, moving forward.	N 525		
N 612	83.55(3) Bath and toilet areas: hand drying. Hand drying. All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure dispensers for single use paper towels were being maintained and utilized, as required, in 2 common use bathrooms available to residents, visitors, and/or caregivers. The findings include: On 10/30/2025 at approximately 10:00 A.M., Caregiver F and Surveyor toured the facility including 2 common use bathrooms including a sink, toilet, and shower area. Surveyor observed a single use paper towel dispenser located within	N 612		

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N 612	Continued From page 11 the facility's south hallway common use bathroom. Surveyor observed the dispenser was empty and no towels of any type were available within this bathroom. Caregiver F told Surveyor a stand alone, not enclosed roll of paper towel was usually kept on a small table near the door of this bathroom but not available during this observation. Surveyor observed an empty single use paper towel dispenser located within the facility's north hallway common use bathroom and a roll of paper towel, not enclosed, located directly on the bathroom's sink. Caregiver F said the roll of paper towel was to be used to dry the hands of residents, visitors, and staff. On 10/30/2025 at approximately 2:00 P.M., Licensee A told Surveyor s/he had ordered rolls of paper towel to be utilized within the common use bathroom's enclosed dispensers. Assistant Administrator C said s/he was unable to locate the key to open the dispensers after Former Administrator B had terminated employement a couple weeks ago. Licensee A said s/he would find a key to unlock the dispensers to be refilled.	N 612		