STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018485	A. BUILDING: _____ B. WING _____	R-C 09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF MOUNT PLEASANT (THE)	**6101 16TH ST RACINE, WI 53406**

(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 09/09/2025, Surveyor conducted a complaint investigation and verification visit at Gardens of Mount Pleasant. One complaint was unsubstantiated. Two deficiencies were identified. Two of 2 deficiencies were repeat violations (see Statement of Deficiency RD4I12, dated 09/16/2024). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 70	{N 000}		
{N 425}	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure they allowed a resident to increase skills and maintain	{N 425}		

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

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{N 425}	Continued From page 1	{N 425}		

independence in toileting for 1 of 1 resident. Resident 1 did not have toilet paper and paper towels provided regularly.

This is a repeat deficiency. See Statement of Deficiency RD4I11, dated 09/16/2024.

Findings include:

On 09/09/2025, at 10:50 AM Surveyor toured the facility. Surveyor observed Resident 1 sitting in the common area in the south wing. Surveyor requested to view Resident 1's bedroom and bathroom and Resident 1 consented. Resident 1's bathroom did not have any toilet paper or paper towels stocked. Resident 1 stated there usually is not toilet paper in the bathroom.

On 09/09/2025 at 11:18 AM, Surveyor interviewed Resident 1's POA, POA G.
POA G stated, they had visited Resident 1 twice in the last few months and on both occasions, there was no toilet paper or paper towels in the bathroom.

On 09/09/2025 at approximately 12:00 PM, Surveyor interviewed Director of Nursing (DON) C regarding the lack of toilet paper and paper towels in Resident 1's bathroom. DON C stated there was no restriction on the amount of toilet paper or paper towels Resident 1 receives. DON C stated Resident 1 goes through so much toilet paper and it is not being used appropriately. DON C also stated in the past, due to the way Resident 1 used toilet paper, the toilet had been clogged.

On 09/09/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/02/2023. Resident 1 Individualized Service Plan (ISP), dated 09/05/2025, made no mention of any

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{N 425}	Continued From page 2 inappropriate use of toilet paper, or any noted behaviors regarding toilet paper. The ISP identified Resident 1 toileted independently with staff reminders to change his/her brief.	{N 425}		
{N 639}	83.59(2)(a) One-hand, one-motion door operation All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all doors had latching hardware to permit opening from the inside with a one-hand, one-motion operation. Two of 10 resident doors on the South Wing did not have one-hand, one-motion operation. This is a repeat deficiency. See Statement of Deficiency RD4I11, dated 09/16/2024. Findings include: On 09/09/2025, at 10:00 AM, Surveyor toured the South Wing of the facility. Resident 1's room and Resident 9's room were in the South Wing. Resident 1 utilized a walker for ambulation. Resident 1's and Resident 9's door latching hardware did not have a one-hand, one-motion operation. On 09/09/2025, at approximately 11:30 AM, Surveyors interviewed Director of Nursing (DON) C. DON C reported s/he did not know the 2 rooms on the South Wing did not have the correct latching hardware. DON C stated they were sure the hardware was corrected but Resident 1's had	{N 639}		

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{N 639}	Continued From page 3 to be changed back as s/he locked themselves out of their room, and the person who occupied Resident 9's room before them had not returned the key. DON C reported s/he would have it switched as soon as possible.	{N 639}		