STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110260	A. BUILDING: _____ B. WING _____	R 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KELLY HOUSE	121 S 5TH ST EVANSVILLE, WI 53536

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{N 000}	Initial Comments On 09/18/2025, Surveyor conducted a verification visit at Kelly House. Six deficiencies were identified. One deficiency of 6 was a repeat violation (see Statement of Deficiency (SOD) RJ8P11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 5	{N 000}		
N 151	83.10(3)(b) Licensee notify dept. in writing for changes The licensee shall notify the department in writing at least 30 days before the effective date of any of the following changes: 1. Removing, adding or substituting an individual as a partner in the association, dissolving the existing partnership and creating a new partnership. 2. Removing, adding, or substituting any member in a limited liability company. 3. Making a change in a corporate structure under which the same corporation no longer continues to be responsible for making operational decisions or for the consequences of those decisions. This Rule is not met as evidenced by: Based on record review and interview, the certified Community Based Residential Facility (CBRF) provider did not report to the Department when there was a change in ownership of the limited liability company (LLC). On 09/18/2025, at approximately 10:30 AM, Surveyor reviewed the Department record with	N 151		

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

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N 151	Continued From page 1 Assistant Administrator A. The Department record listed Licensee F as the current owner of the CBRF. Assistant Administrator A stated that the LLC had been sold to Licensee G. Surveyor commented that this concern had been discussed during the previous survey on 04/29/2025 and the provider was informed that the new letter of corporation would need to be submitted to the Department so that the Department record could be updated accordingly. Assistant Administrator A stated that the Surveyor's guidance had been forwarded to Licensee F and Licensee G, after the 04/29/2025 survey, as s/he does not have access to that documentation. Assistant Administrator A informed Licensee G was out of the country and would not be returning for two weeks.	N 151		
N 359	83.33(1)(a) Grievance procedure: information required A resident or any individual on behalf of the resident may file a grievance with the CBRF, the department, the resident ' s case manager, if any, the board on aging and long term care, Disability Rights Wisconsin, Inc., or any other organization providing advocacy assistance. The resident and the resident ' s legal representative shall have the right to advocate throughout the grievance procedure. The written grievance procedure shall include the name, address and phone number of organizations providing advocacy for the client groups served, and the name, address and phone number of the department ' s regional office that licenses the CBRF.	N 359		

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N 359	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the grievance procedure included the name, address and phone number of the Department's regional office that licenses the Community-Based Residential Facility (CBRF) and the Long-Term Care Ombudsman Program that provided advocacy for the client groups served in the CBRF. Findings include: The provider is licensed to serve up to 8 residents within the client groups: advanced aged, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness and developmentally disabled. On 09/18/2025, Surveyor reviewed the CBRF's grievance procedure which documented: Division of Human Services 3514 Memorial Dr Madison, WI 53704 (608) 243-2370 Correct Information: Division of Quality Assurance PO Box 2969 Madison, WI 53701-2969 Office: (608) 266-8481 Toll Free Number: 1-800-642-6552 Fax: (608) 266-5494 The procedure did not include the name, address and phone number of the Department's Southern Regional Office which licensed the CBRF or the Long Term Care Ombudsman Program that provided advocacy for the client groups served in	N 359		

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N 359	Continued From page 3 the CBRF. Board on Aging & Long Term Care 1402 Pankratz St., Suite 111 Madison, WI 53704-4001 800-815-0015 (toll-free) 608-246-7001 (fax) https://longtermcare.wi.gov/ On 09/18/2025, at approximately 10:30 AM, Surveyor reviewed the provider's grievance policy with Assistant Administrator A. Surveyor commented that this concern had been discussed during the previous survey on 04/29/2025 and the provider was informed that their current grievance procedure did not follow the regulation requirement. Assistant Administrator A stated s/he remembered the Surveyor giving him/her guidance regarding the grievance procedure but had not updated the policy. Assistant Administrator A stated s/he would address the concern immediately.	N 359		
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 4 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, record review and interview, the provider did not ensure discontinued medications were disposed of within 30 days. Resident 1's discontinued Quetiapine was stored with his/her current medications. Findings include: On 09/18/2025, at approximately 9:50 AM, Surveyor observed Resident 1's blister card of 'as needed' (PRN) Quetiapine in the medication cart. The blister card had 3 remaining tablets. On 09/18/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 09/16/2024. Resident 1's 2025 Medication Administration Records (MARs), dated 07/01/2025 to 09/18/2025, did not document that Resident 1 was prescribed PRN Quetiapine. On 09/18/2025, at approximately 11:00 AM, Surveyor interviewed Assistant Administrator A.	N 406		

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N 406	Continued From page 5 Surveyor asked for clarification on Resident 1's PRN Quetiapine. Assistant Administrator A stated that after Surveyor had completed the survey on 04/29/2025 and determined Resident 1's PRN Quetiapine had been administered incorrectly, the PRN prescription was discontinued and rewritten as a scheduled medication. Assistant Administrator A stated the blister card of PRN Quetiapine should have been removed from the medication cart.	N 406		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, not all medications administered by the provider were securely stored. Findings include: The provider is licensed to serve up to 8 residents within the client groups: advanced aged, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness and developmentally disabled. On 09/18/2025, at approximately 9:30 AM, Surveyor observed the medication cart, which is in an unsecured room, off the kitchen. Surveyor observed Resident 4's blister cards of Methenamine sitting on top of the medication cart. Surveyor observed residents ambulating unassisted throughout the building and the kitchen area/medication area was not always monitored by a staff member.	N 419		

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N 419	Continued From page 6 On 09/18/2025, at approximately 11:30 AM, Surveyor interviewed Assistant Administrator A. Surveyor discussed that during the survey on 04/29/2025, there had been concerns that the refrigerated medications were not secured in the refrigerator that sat next to the med cart. Surveyor explained that the refrigerated medications were now secure, but medications were now unsecured on top of the medication cart. Assistant Administrator A expressed understanding that the medications were considered unsecured since the kitchen was unsecured and not always monitored by a staff member.	N 419		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all rooms were clean and free from odor. Resident 3's bedroom had a strong urine like scent emanating throughout. Findings include: On 09/18/2025, at approximately 9:40 AM, Surveyor toured the facility and noted a strong urine like scent emanating in the hallway from Resident 2's and Resident 3's room. Surveyor entered Resident 3's room and observed his/her unmade bed and the bare mattress, which did not have a protective waterproof covering, which	N 489		

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N 489	Continued From page 7 displayed circular brownish colored stains. Surveyor determined that the bed had a slight urine like scent. Surveyor observed a chair in the corner of the room, which had a stack of blankets sitting on it. Surveyor removed the blankets and observed a blanket which covered the seat area of the chair, which had a strong urine like scent. Surveyor then entered Resident 2's room and detected a strong urine-like scent. Surveyor determined Resident 2 utilized a urinal. On 09/18/2025, at approximately 11:00 AM, Surveyor interviewed Assistant Administrator A. Surveyor discussed his/her observation of the hallway that Resident 2's and Resident 3's rooms reside down. Assistant Administrator A stated that there were concerns with Resident 2's and Resident 3's rooms and the urine like odor that emanated from them but despite staff regularly cleaning the rooms and maintenance shampooing the carpets, the odor continued to exist. Assistant Administrator A stated s/he would inquire about having a professional come in and steam clean the carpeting. Assistant Administrator A stated the carpeting was old and probably would need to be replaced in the future.	N 489		
{N 499}	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secured area.	{N 499}		

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{N 499}	Continued From page 8 This is as repeat deficiency. See Statement of Deficiency (SOD) RJ8P11, dated 04/29/2025. Findings include: On 09/18/2025, at approximately 9:30 AM, Surveyor toured the facility and observed the following unsecured cleaning compounds: Housekeeping Closet with door open: -19 ounce spray can of disinfectant spray, summer scent -26 fluid ounce bottle of window cleaner -28 ounce bottle of industrial strength calcium, lime, and rust remover -32 ounce spray bottle of hard surface sanitizer -32 fluid ounce bottle of glass and surface cleaner, streak free Surveyor observed the housekeeping closet at 10:40 AM, and the door had been shut but the lock had not been engaged. -24 fluid ounce bottle of toilet bowl cleaner Kitchen: -21 ounce container of cleaning powder with bleach, lemon fresh scent -32 ounce spray bottle of hard surface sanitizer -16 fluid ounce bottle of rust stain remover -Container of 92 dishwasher actionpacs -Container of 36 powerball dishwasher pods -32 ounce bottle of cleaner degreaser, heavy duty -Gallon jug of economy delimer, concentrated Common Area: -A container of green ice melt On 09/18/2025, at approximately 11:30 AM, Surveyor interviewed Administrative Assistant A. Administrative Assistant A stated s/he would	{N 499}		

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{N 499}	Continued From page 9 reeducate staff on the importance of cleaning compounds being secured.	{N 499}		