STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014805	A. BUILDING: _____ B. WING _____	R-C 04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING CBRF-VERONA	143 PRAIRIE OAKS DRIVE VERONA, WI 53593

(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 04/07/2026, Surveyor conducted a verification visit at Charter Senior Living CBRF - Verona, a CBRF in Verona. Two deficiencies were identified. Both are repeat deficiencies - See Statement of Deficiency (SOD) 5UV912, dated 09/14/2022 and SOD RUX211, dated 11/06/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 19	{N 000}		
{N 415}	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents reviewed had their response to PRN medications documented. This is a repeat deficiency. See Statement of	{N 415}		

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

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{N 415}	Continued From page 1 Deficiency (SOD) 5UV912, dated 09/14/2022 and SOD RUX211, dated 11/06/2025. Findings include: RECORD REVIEW On 04/07/2026 at approximately 2:00 p.m., Surveyor reviewed resident records provided by Health and Wellness Director G, which documented the following concerns: Resident 5: Resident 5 was admitted to the provider's facility on 02/13/2026. Resident 5's record indicated the provider's staff administered his/her medications. Resident 5's physician orders included Quetiapine 25 mg (Start Date: 02/13/2026) 1 time daily as needed for behavioral disorders associated with dementia and Hydroxyzine 25 mg (Start Date: 03/09/2025) 2 times daily as needed for anxiety/agitation. Resident 5's medication administration record (MAR), dated 03/08/2026 to 04/08/2026, documented 10 administrations of a PRN medication. The following administrations did not document a response: - 03/08/2926 12:52 p.m. Quetiapine 25 mg administered for wandering. - 03/13/2026 12:58 p.m. Hydroxyzine 25 mg administered for anxiety. - 03/17/2026 11:28 a.m. Quetiapine 25 mg administered for anxiety and aggression. - 03/22/2026 4:49 p.m. Quetiapine 25 mg administered yelling and aggression. - 03/25/2026 2:00 p.m. Quetiapine 25 mg administered for aggression toward staff. - 03/31/2026 11:50 p.m. Hydroxyzine 25 mg administered for anxiety. Resident 6:	{N 415}		

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{N 415}	Continued From page 2 Resident 6 was admitted to the provider's facility on 12/22/2025. Resident 6's record indicated the provider's staff administered his/her medication. Resident 6's physician orders included Acetaminophen 500 mg (Start Date: 01/28/2026) 1-2 tablets every 4 hours as needed for pain or fever. Resident 6's MAR, dated 03/08/2026 to 04/07/2026, documented 5 administrations of a PRN medication. The following administrations did not document a response: - 03/10/2026 1:15 p.m. Acetaminophen 1000 mg administered for knee pain. - 03/29/2026 2:34 p.m. Acetaminophen 1000 mg administered for knee pain. - 03/30/2026 7:32 a.m. Acetaminophen 1000 mg administered for knee pain. INTERVIEW On 04/07/2026 at approximately 2:50 p.m., Surveyor reviewed concern with Executive Director A, Regional Director B, Health and Wellness Director G and Executive Director H that PRN medications were administered without the response documented for 2 of 3 residents reviewed. Health and Wellness Director G acknowledged Surveyor's concern. Health and Wellness Director G stated there had been improvements with the documentation, but caregivers needed to be more consistent.	{N 415}		
{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	{N 488}		

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{N 488}	Continued From page 3 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 2 of 2 dryer vents were made of rigid material. This is a repeat deficiency. See Statement of Deficiency (SOD) RUX211, dated 11/06/2025. Findings include: On 04/07/2027 at approximately 1:00 p.m., Surveyor toured the provider's laundry room with Director I. Surveyor observed 2 of 2 dryers were vented with semi-rigid material. Director I stated s/he was unaware of the need for rigid dryer vents. On 04/07/2026 at approximately 2:50 p.m., Surveyor reviewed concern with Executive Director A, Regional Director B, Health and Wellness Director G and Executive Director H that the provider's laundry room had semi-rigid dryer vents. Executive Director H stated s/he would follow up with maintenance to have the dryer vents replaced with rigid vents.	{N 488}		