STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020468	A. BUILDING: _____ B. WING _____	R-C 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAVA CARE OF GLENDALE II	7335 N PORT WASHINGTON ROAD BAYSIDE, WI 53217

(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 10/29/2025 with information gathered through 12/18/2025, Surveyor conducted two complaint investigations and verification visit for SOD RYWK11, dated 03/19/2025, at Adava Care of Glendale II, a Community-Based Residential Facility (CBRF) in Glendale, WI. Six deficiencies were identified. Three of the 6 deficiencies were repeat deficiencies from Statement of Deficiency RYWK11, dated 03/19/2025. One of 2 complaints substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 14	{N 000}		
N 191	83.13(3)(d) Posting activity schedule. The CBRF shall post all of the following: Activity schedule as required under s. DHS 83.38(1)(c). This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure an activity schedule was posted in the facility. Findings include: On 10/29/2025, at approximately 8:37 AM, Surveyor toured the facility and did not observe an activity schedule posted. On 10/29/2025, at approximately 8:37 AM, Surveyor interviewed Associate Administrator	N 191		

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

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N 191	Continued From page 1 (AA) A. AA A confirmed there was not an activity schedule posted. AA A reported there should have been an activity schedule posted.	N 191		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received all prescribed medications in the dosage and at intervals prescribed by a practitioner for 1 of 2 residents (Resident 4) reviewed. Resident 4 had a total of 12 medications not administered between 07/07/2025-07/22/2025. This is a repeat deficiency. See Statement of Deficiency RYWK11, dated 03/19/2025. Findings include: On 09/26/2025, the Department received a complaint alleging medications were not provided as ordered. On 10/29/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the facility on 03/20/2025. Resident 4 had diagnoses including glaucoma.	{N 352}		

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{N 352}	Continued From page 2 -Resident 4's Individualized Service Plan (ISP), dated 10/27/2025, identified Resident 4 needed assistance with medication administration from staff. Resident 4's July 2025 Medication Administration Record (MAR) stated Resident 4 was prescribed the following medication: -Latanoprost Solution 0.005% instill 1 drop into each eye at bedtime. Resident 4's July 2025 MAR had chart code "!" medication not available, entries on the following dates: -Latanoprost Solution 0.005% drop on 07/07/2025-07/10/2025 and 07/15/2025-07/22/2025 at 8:00 PM (12 entries). On 11/18/2025, at approximately 11:32 AM, Surveyor interviewed Licensee D. Licensee D confirmed code "!" indicates medication not available. Licensee D reported if the MAR stated it was not available, then it meant the resident did not receive the medication because they were out of it.	{N 352}		
{N 381}	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals	{N 381}		

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{N 381}	Continued From page 3 receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 1 resident (Resident 4) reviewed when s/he had a change in his/her needs, abilities, and/or physical and mental condition. Resident 4 did not have an assessment completed after returning to facility from being hospitalized for mood disturbance. This is a repeat deficiency. See Statement of Deficiency RYWK11, dated 03/19/2025. Findings include: On 10/29/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the facility on 03/20/2025. Resident 4 had diagnoses including generalized anxiety disorder and insomnia. -Resident 4's Incident Reporting Form, dated 07/10/2025, documented the following: "Type of Incident: Behavioral. [Resident 4] was making threats to staff saying [s/he] was going to kill staff and they were putting voodoo on [him/her] and in with [his/her] son trying to kill [him/her]. [Resident 4] was taken to the hospital." -Resident 4's After Visit Summary, dated 07/10/2025-07/14/2025, stated the following:	{N 381}		

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{N 381}	Continued From page 4 "Date of admit: 07/10/2025 Date of discharge: 07/14/2025 Reason for hospitalization: Mood disturbance Discharge diagnoses: -Agitation -Schizophrenia -Insomnia Major medication changes and reasons: -Risperdal started -Dulcolax suppository [as needed] -MiraLax scheduled -STOP Benadryl [as needed] for sleep Discharge Instructions [Resident 4] was admitted for mood disturbance. We recommend the following going forward: Medication changes: Start Risperdal, take as instructed. Start new medications for bowel regimen - MiraLax scheduled and Dulcolax suppository as needed. Take as instructed. Follow-up: Schedule an appointment with your primary care provider, for a follow-up visit for your hospitalization. Schedule to be seen 1 week from your discharge. A referral has been placed to follow-up in psychiatry clinic. You will be contacted to schedule an appointment." Resident 4's record did not contain any evidence of an assessment completed for Resident 4 after returning to facility from being hospitalized for mood disturbance. On 11/18/2025, at approximately 11:32 AM,	{N 381}		

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{N 381}	Continued From page 5 Surveyor interviewed Licensee D. Licensee D reported Associate Administrator (AA) A was responsible for assessments. Licensee D confirmed there was no assessment completed after returning to facility after being hospitalize for mood disturbance. Licensee D reported s/he did not know why an assessment was not completed.	{N 381}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 4) Individual Service Plan (ISP) identified his/her needs for scheduling appointments, arranging transportation and supervision needs. The provider also did not ensure Resident 4's activated healthcare power of attorney signed Resident 4's ISPs, acknowledging his/her involvement in, understanding of and agreement with the ISP.	{N 389}		

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{N 389}	Continued From page 6 This is a repeat deficiency. See Statement of Deficiency RYWK11, dated 03/19/2025. Findings include: On 10/29/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the facility on 03/20/2025. Resident 4 had diagnoses including heart failure with preserved ejection fraction, high blood pressure, diabetes mellitus, generalized anxiety disorder, hypothyroidism and insomnia. -Resident 4 had an activated healthcare power of attorney. -Residents 4's member care plan (from the Managed Care Organization), dated 06/01/2025, indicated the following: "Activities of Daily Living: Activities of daily living - person/agency providing assistance: [this facility]. Instrumental Activities of Daily Living - person/agency providing assistance: [this facility]. Supervision and Overnights - person/agency providing assistance: [Yes]." -Resident 4's ISP, dated 10/27/2025 did not identify what Resident 4's needs were for scheduling appointments, arranging transportation and supervision needs. -Resident 4's ISPs, dated 03/03/2025 and 10/27/2025 were not signed by his/her activated healthcare power of attorney. On 10/29/2025, at approximately 12:11 PM,	{N 389}		

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{N 389}	Continued From page 7 Surveyor interviewed Associate Administrator (AA) A. AA A confirmed Resident 4's ISP did not identify what Resident 4's needs were for scheduling appointments, arranging transportation and supervision. AA A confirmed Resident 4's activated healthcare power of attorney did not sign Resident 4's ISPs. AA A reported s/he was aware of this requirement.	{N 389}		
N 412	83.37(2)(a) Self-administered by resident. Self-administered by resident. 1. The resident shall self-administer prescribed and over-the-counter medications and dietary supplements, unless the resident has been found incompetent under ch. 54, Stats., or does not have the physical or mental capacity to self-administer as determined by the resident ' s physician, or the resident requests in writing that CBRF employees manage and administer medication. 2. Except as specified under sub. (4), when a resident self-administers medications, prescribed and over-the-counter medications and dietary supplements shall remain under the control of the resident. The CBRF shall provide a secure place for the storage of medications in the resident ' s room. 3. A resident with the mental and physical capacity to develop increased independence in medication administration shall receive self-administration instruction. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not provide a secure place for the storage of medications in resident's room for 1 of 1 resident (Resident 2) who self-administers his/her own medication.	N 412		

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N 412	Continued From page 8 Findings include: The provider is licensed as a Class CNA (non-ambulatory) facility for 20 residents with programs in physically disabled, developmentally disabled, traumatic brain injury, terminally ill, advanced aged, and irreversible dementia/Alzheimer's. On the day of survey, the census was 14. On 10/29/2025, at approximately 9:34 AM, Surveyor observed the following medications in Resident 2's room at bedside: Severe Congestion and cough 6 ounce (oz) bottle, DM Max Dextromethorphan/Cough suppressant, Prevagen Dietary Supplement, (2) Visine red eye total comfort 1/2 oz bottles, Debrox earwax removal aid 0.05 oz and Nystatin topical power 100,000 units per gram 30 grams. Resident 2 reported s/he self-administers these medications. On 10/29/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the facility on 09/26/2023. Resident 2 had diagnoses including acute on chronic obstructive pulmonary disease and type 2 diabetes mellitus. -Resident 2's provider's orders, dated 07/23/2025, stated the following: "Clotrimazole Betamethasone 1% apply to affected area twice daily may keep at bedside, may self-administer. Restasis Ophthalmic Emulsion 0.05% instill 1 drop into each eye twice daily. May keep at bedside, may self-administer.	N 412		

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N 412	Continued From page 9 Nystatin Power 100,000 gram apply topically to affected area(s) folds three times daily. May keep at bedside, may self-administer. Systane Gel Drops 0.4-0.3% apply to eye four times daily as needed for dry eyes. May keep at bedside, may self-administer." On 10/29/2025, at approximately 9:57 AM, Surveyor interviewed Licensee D. Licensee D confirmed medications in Resident 2's room at bedside. Licensee D reported s/he was not aware of the medications being in Resident 2's room at bedside. Licensee D reported Resident 2's medications should have been stored in a secure place in Resident 2's room. Licensee D reported s/he did not know why Resident 2's medications were at bedside and not stored in a secure place within Resident 2's room.	N 412		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was maintained in a safe clean, comfortable, and homelike environment. The facility needed cleaning and some repairs. This had potential to affect 14 of 14 residents. Hallway carpet was dirty and had discoloration throughout. The carpet transition	N 481		

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N 481	Continued From page 10 strip was worn and was covered with gray duct tape. Findings include: The provider is licensed as a Class CNA (non-ambulatory) facility for 20 residents with programs in physically disabled, developmentally disabled, traumatic brain injury, terminally ill, advanced aged, and irreversible dementia/Alzheimer's. On the day of survey, the census was 14. On 10/29/2025, at approximately 9:16 AM, while touring the facility Surveyor observed the following: -Worn carpet transition strip near front entrance was covered with gray duct tape. -Hallway carpet near Resident 2's room was dirty and had discoloration throughout. On 10/29/2025, at approximately 10:18 AM, Surveyor interviewed Licensee D. Licensee D confirmed above-mentioned homelike environment issues at the facility. Licensee D reported s/he would ensure the homelike environment issues were addressed.	N 481		