STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020637	A. BUILDING: _____ B. WING _____	C 02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING FITCHBURG	5765 CHAPEL VALLEY RD FITCHBURG, WI 53711

(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 01/22/2026, with information gathered through 02/02/2026, Surveyor conducted a complaint investigation at Dimensions Living of Fitchburg. One deficiency was identified. Complaint was substantiated. Census: 18	N 000		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.	N 431		

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

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N 431	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident received appropriate health monitoring to meet his/her needs. Resident 1 had an oxygen order to maintain oxygen levels at 90% and the provider did not implement a process to monitor his/her oxygen levels. Findings include: On 01/05/2026, the Department received a concern alleging resident assistive devices were not adequately utilized. On 01/22/2026, Surveyor reviewed Resident 1's record. Resident 1 admitted to the facility, 10/10/2025, with diagnosis including chronic obstructive pulmonary disease (COPD) with exacerbation. Resident 1's oxygen order, dated 11/02/2025, documented: "Frequency: Continuous; Flow 4 Liters; Titrate/Maintain O2 (oxygen) sat (saturation) equal or greater than: 90%; Titrate oxygen per facility policy, procedure or guidelines." Resident 1's "Task List Report" documented: Oxygen Assistance - PRN - Evening 2-10 PM, Day 7AM-3PM, Evening 3-11PM, Night 10PM-6AM, Night 11PM-7AM, Day 6AM-2PM. Date Initiated: 10/15/2025. Vitals: O2 Saturation - PRN - Evening 2-10 PM, Day 7AM-3PM, Evening 3-11PM, Night 10PM-6AM, Night 11PM-7AM, Day 6AM-2PM.	N 431		

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N 431	Continued From page 2 Date Initiated: 09/03/2025. Oxygen Use: Requires Assistance - Evening 2-10 PM, Day 7AM-3PM, Evening 3-11PM, Night 10PM-6AM, Night 11PM-7AM, Day 6AM-2PM. Date Initiated: 09/03/2025. The Task List Report did not document guidelines for oxygen monitoring. Resident 1's "Service Plan Report," individualized service plan (ISP), undated, documented: "Oxygen Use: Will be able to meet oxygen needs with assistance. Care staff will report any difficulty breathing and/or with administration of treatments." "Vitals Monitoring: O2 Saturation" The ISP did not document guidelines for oxygen monitoring. Resident 1's Medication Administration Records (MARs), dated 11/01/2025 to 01/22/2026, documented: Weight and Vital Signs q (every) month one time a day starting on the 1st and ending on the 2nd every month for Monitoring. Start Date: 05/01/2025. Scheduled 01/02/2026. No vitals were documented and O2 saturation levels were not a listed task. The November and December MARs did not list 'Weight and Vital Signs.' On 01/22/2026, at approximately 1:30 PM, Surveyor interviewed Administrator A and Manager B. Surveyor explained that the documentation provided did not include monitoring of Resident 1's oxygen saturation levels. Administrator A stated that staff were not required to monitor Resident 1's oxygen levels as the oxygen physician order did not include a monitoring requirement.	N 431		

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N 431	Continued From page 3 On 01/27/2026, Surveyor reviewed Resident 1's medical documentation provided by the emergency departments that provided medical assistance which documented: 10/06/2025 - presents via EMS (emergency medical services) with shortness of breath. S/he arrives tachycardic (fast heart rate) and mildly tachypneic (shallow breathing) ... suspect patient is having a COPD exacerbation given his/her history ... His/Her exacerbation appear significant, with a CO2 of 80 ... 10/24/2025 - presenting for shortness of breath. ... Vitals reviewed, exam as above with significantly diminished breath sounds with prolonged expiratory phase, suspicious for COPD exacerbation ... 11/30/2025 - admitted on 11/26/2025 ... presenting with SOB (shortness of breath). Pt (patient) presenting to ED (emergency department) and hospitalized repeatedly over last month for similar presentation. Severe COPD at baseline ... Last treated for COPD exacerbation and discharged 11/5/2025, but presented 11/12/2025 for SOB as well treated and discharged from ED. 12/17/2025 - presenting via EMS for acute respiratory distress. Upon initial evaluation, patient appears in respiratory distress, s/he was immediately placed on BiPAP. Poor air movement bilaterally on exam. 12/24/2025 - treated with continuous bipap (bilateral positive airway pressure machine) until mental status and CO2 improved. S/he was also treated with 5 days of steroids and bronchodilators for COPD exacerbation. S/he had not been using bipap as previously recommended and prescribed. Respiratory therapy coordinated with his/her ALF (assisted living facility) staff to ensure that their staff was ready and able to help him/her with placing bipap overnight.	N 431		

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N 431	Continued From page 4 01/14/2026 - Pt on 6 L nasal cannula at home, chronic pain who presents with altered mental status and difficulty breathing. ... Respiratory distress, diminished lung sounds bilaterally with a poor air movement, increased work of breathing. ... On chart review, patient has extremely frequent admission for COPD exacerbations with acute on chronic mixed respiratory failure. ... Experienced acute neurologic symptoms in the setting of severe hypoxemic (low oxygen in the blood) and hypercapnic (elevated carbon dioxide in the blood) respiratory failure during a COPD exacerbation, with associated marked tachycardia (fast heart rate) and hypertension (high blood pressure). Pt was admitted to the hospital. On 01/29/2026, Surveyor reviewed the provider's oxygen policy provided by Administrator A. The policy, dated 01/2026, documented: "Oxygen shall be used only as ordered by a physician and managed safely to protect residents, staff, and visitors. Oxygen may be used only when: A current physician order is on file, and Oxygen use is documented in the resident's service plan. Staff shall not change oxygen flow rates or delivery devices unless authorized by the physician order. Monitoring Oxygen Levels: Oxygen saturation (SpO?) shall be monitored only if ordered by the physician or included in the service plan. When monitoring is ordered: Staff shall use a facility-approved pulse oximeter. Readings shall be documented per service plan or nursing direction. Staff shall immediately notify a supervisor or nurse if: Oxygen saturation is outside the ordered parameters; The resident shows signs of respiratory distress, including: Shortness of breath, Cyanosis (bluish lips or fingertips), Confusion or agitation, Increased work	N 431		

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N 431	Continued From page 5 of breathing. Staff shall not independently increase oxygen based on pulse oximeter readings unless explicitly directed in the physician order. Staff Responsibilities: Staff shall receive training on: Oxygen safety and risks. Staff shall: Monitor residents for safe oxygen use; Report concerns or equipment issues immediately; Follow service plans and physician orders at all times" On 02/02/2026 at 8:30 AM, Surveyor interviewed Administrator A and Manager B. Administrator A asked for my guidance on what monitoring his/her staff were to complete regarding Resident 1's oxygen. Surveyor asked for clarification on how staff ensured Resident 1 maintained a 90% oxygen saturation level. Administrator A stated, "If I understand this correctly, if the physician order states an oxygen level is to be maintained, then we need to develop a process to ensure we are monitoring his/her oxygen levels, even though the physician order does not specifically state we have to monitor his/her oxygen levels." Surveyor reviewed Resident 1's documentation with Administrator A and Manager B. Surveyor explained that his/her documentation stated Resident 1 utilized oxygen and staff were to 'sign off' on a task list that s/he utilized oxygen. Surveyor asked for clarification what staff were 'signing off' on. Administrator A stated that the documentation would be updated to include the parameters identified on Resident 1's physician order and ensure staff knew what they were to be monitoring.	N 431		