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 _____	R-C 05/28/2026

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 05/04/2026, with information gathered through 05/28/2026, Surveyor conducted a complaint investigation, self-report investigation, and verification visit at Dimensions Living Fitchburg. Five (5) deficiencies were identified. The complaint was substantiated. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 20	{N 000}		
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 observation, record review and interview, the provider did not ensure Resident 2's quetiapine and senna was available so s/he could receive his/her medication as prescribed by a practitioner. Findings include: On 05/04/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 02/20/2025 with diagnoses including anxiety disorder and major depressive disorder, recurrent.	N 352		

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

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N 352	Continued From page 1 Surveyor reviewed Resident 2's physician orders, which include an order for quetiapine fumarate 25 mg to administer 1/2 tablet twice daily with a start date of 02/26/2026 and senna-time 8.6 mg to take one daily with a start date of 02/20/2026. Surveyor reviewed Resident 2's medication administration record (MAR) for April and May 2026. Surveyor observed that the order for quetiapine fumarate 25 mg to take 1/2 tablet twice daily was documented as "Other/See Nurse Notes" or "Med Not Available (F/U Required)" 9 of 39 times from 04/15/2026 to 05/04/2026. Surveyor observed that the order for senna-time 8.6 mg to take one daily was documented as "Other/See Nurse Notes" or "Med Not Available (F/U Required)" 8 of 34 times from 04/01/2026 to 05/04/2026. On 05/04/2026 at approximately 1:30 p.m., Surveyor reviewed Resident 2's medications with Administrator G and Caregiver D. Surveyor observed that Resident 2 did not have his/her prescribed quetiapine or senna available for administration. Caregiver D stated that the medications ran out about 2 months ago. Administrator G stated s/he would follow up to ensure the medications are ordered and available for administration. On 05/04/2026 at approximately 1:45 p.m., Surveyor reviewed the above concerns with Nurse E, Regional Operations F, and Administrator G. Nurse E stated that s/he believes Resident 2's quetiapine will be discontinued moving forward.	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes	N 389		

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N 389	Continued From page 2 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 update resident care plans when there was a change in the residents needs and abilities to include the use of a catheter. Findings include: On 05/04/2026, Surveyor reviewed the record of Resident 3. Resident 3 was admitted to the provider on 02/16/2026 with diagnoses including major depressive disorder, insomnia, and anxiety. On 05/04/2026 at 9:58 a.m., Surveyor interviewed Power of Attorney (POA) K. POA K stated that s/he has had concerns about the competency and training of staff. POA K stated s/he heard a caregiver ask if someone with a catheter is continent or not. On 05/04/2026 at approximately 10:30 a.m., Surveyor asked Administrator G if there were any residents with catheters. Administrator G stated	N 389		

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N 389	Continued From page 3 yes, 3 residents, including Resident 3. Surveyor reviewed Resident 3's progress notes which documented the following: 04/20/2026, "Received a call from med passer with with [Resident 3] on the line. [S/he] states [his/her] catheter came out 9 days ago and [s/he] has an appointment [s/he] forgot to schedule a ride for tomorrow at 2:00pm. I advised [Resident 3] that [s/he] may need to go to the hospital. ..." Surveyor reviewed Resident 3's most up to date individualized service plan (ISP), with no date documented. Resident 3's ISP, under Bladder/Bowel, documented: -Care staff to report any changes in bladder continence. -Care staff to report any changes in bowel continence. -Incontinence products independent. -Incontinence products: family/outside provider to provides assistance: (specify). -Independent with: toileting. -Is continent of bowels. -Is incontinent of bladder. On 05/04/2026 at 12:20 p.m., Administrator G confirmed that Resident 3's catheter was not identified in his/her ISP. Administrator G stated that s/he would ensure that Resident 3's ISP is updated, as well as the ISP for the 2 other residents that require a catheter. On 05/04/2026 at approximately 1:45 p.m., Surveyor reviewed the above concerns with Nurse E, Regional Operations F, and Administrator G. Nurse E stated s/he understands the importance of having the use of a catheter and potentially catheter care in the resident's ISP.	N 389		

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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 observation, record review and interview, the provider did not accurately document Resident 2's medication administration for quetiapine and senna when it was unavailable for administration. Findings include: On 05/04/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 02/20/2025 with diagnoses including anxiety disorder and major depressive disorder, recurrent. Surveyor reviewed Resident 2's physician orders, which include an order for quetiapine fumarate 25 mg to administer 1/2 tablet twice daily with a start date of 02/26/2026 and senna-time 8.6 mg to take one daily with a start date of 02/20/2026. Surveyor reviewed Resident 2's medication	N 415		

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N 415	Continued From page 5 administration record (MAR) for April and May 2026. Surveyor observed that the order for quetiapine fumarate 25 mg to take 1/2 tablet twice daily was documented as "Other/See Nurse Notes" or "Med Not Available (F/U Required)" 9 of 39 times from 04/15/2026 to 05/04/2026 and was documented as administered 30 of 39 times, including the morning of 05/04/2026. Surveyor observed that the order for senna-time 8.6 mg to take one daily was documented as "Other/See Nurse Notes" or "Med Not Available (F/U Required)" 8 of 34 times from 04/01/2026 to 05/04/2026 and was documented as administered 26 of 34 times, including the morning of 05/04/2026. On 05/04/2026 at approximately 1:30 p.m., Surveyor reviewed Resident 2's medications with Administrator G and Caregiver D. Surveyor observed that Resident 2 did not have his/her prescribed quetiapine or senna available for administration. Caregiver D stated that the medications ran out about 2 months ago. On 05/04/2026 at approximately 1:45 p.m., Surveyor reviewed the above concerns with Nurse E, Regional Operations F, and Administrator G. Administrator G stated s/he was unsure why staff would document the medications as administered if they were not available and s/he will follow-up with staff on the importance of accurate documentation in resident records, including the MAR.	N 415		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications,	N 416		

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N 416	Continued From page 6	N 416		

treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 2 of 2 staff reviewed were delegated by a registered nurse (RN) to administer medications via vaginal administration.

Findings include:

On 05/04/2026, Surveyor reviewed the record of Resident 3. Resident 3 was admitted to the provider on 02/16/2026 with diagnoses including major depressive disorder, insomnia, and anxiety. Surveyor reviewed Resident 3's physician orders for estradiol vaginal cream 0.1 mg/gm to insert 2 gram vaginally in the morning every Monday for hormone replacement/urological.

Surveyor reviewed Resident 3's April and May medication administration record (MAR). The MAR documented that Resident 3's estradiol was administered by the following caregivers:
04/06/2026 - Caregiver J
04/13/2026 - Caregiver D
04/20/2026 - Caregiver I
04/27/2026 - Caregiver D
05/04/2026 - Caregiver D

Surveyor asked to review the RN delegation of Caregiver I and Caregiver D. Caregiver D's RN delegation was dated 03/31/2025 and Caregiver I's RN delegation 12/22/2025; both caregiver's delegation was signed by a RN that was no longer affiliated with the provider.

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N 416	Continued From page 7 On 05/04/2026 at approximately 1:45 p.m., Surveyor reviewed the above concerns with Nurse E, Regional Operations F, and Administrator G. Surveyor asked if a nurse currently affiliated with the facility has provided delegation for staff, since the RN who signed the previous delegations was no longer there. Nurse E stated no, s/he did not believe so, not since s/he has started. On 05/28/2026 at 1:00 p.m., Nurse E stated that s/he has put processes in place to correct the identified concerns. Surveyor requested that RN delegation from a nurse currently affiliated with the facility be provided by the end of the day. On 05/28/2026 at 1:41 p.m., Nurse E stated, "Per the nurse it was done, but we are unable to locate the paperwork."	N 416		
N 430	83.38(1)(f) Communication skills. 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: Communication skills. The CBRF shall provide services to meet the resident ' s communication needs. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure services were provided to meet the communication needs	N 430		

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N 430	Continued From page 8	N 430		

of the residents. Two of 2 people interviewed expressed frustration over a language barrier and caregivers not using a translation application to communicate with people in the facility.

Findings include:

On 05/04/2026 at approximately 9:00 a.m., Surveyor observed Caregiver D in the medication room. Surveyor observed that the notes on the dry erase board in the medication room were in a language other than English.

Surveyor reviewed the training records of Caregiver H, Caregiver I and Caregiver D. The training records document that 3 of 3 employees reviewed had received at least some of their training in a language other than English.

On 05/04/2026 at 9:40 a.m., Surveyor interviewed Hospice C. Hospice C stated that the facility has really changed in the last month with Administrator G, that before Administrator G came, none of the residents or visitors were able to communicate with the staff members. Hospice C stated that with Administrator G and Caregiver D in charge now that the energy has changed, that staff are pleasant, open and receptive.

On 05/04/2026 at 9:58 a.m., Surveyor interviewed Power of Attorney (POA) K. POA K stated that s/he has been concerned that s/he has not been updated when his/her loved one had experienced a change in condition, like a decrease in ambulation and communication. POA K stated that some of that could be because of the language barrier, that staff are supposed to have a translator application to communicate with staff, but that the staff did not use the application, leaving residents and visitors unable to

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N 430	Continued From page 9 communicate with caregivers. On 05/04/2026 at approximately 1:45 p.m., Surveyor reviewed the above concerns with Nurse E, Regional Operations F, and Administrator G. Administrator G stated that s/he has been working at the facility for about 3 weeks, and that s/he has terminated a majority of the staff that were here when s/he came. Administrator G stated that none of the staff spoke English and that it appeared to interfere with caregiving. Regional Operations F stated s/he was aware that most of the staff were non-English speaking and that the facility had staff download a translator application on their phone and that the facility was working with the caregivers to learn English. Regional Operations F stated that s/he did not know if the staff were using the translation applications to communicate because s/he had only been to the facility 2 times. On 05/05/2026 at 9:22 a.m., Surveyor interviewed Police Officer L. Police Officer L reported that none of the staff in the facility spoke English or used a translator and questioned how that would be okay.	N 430		