STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014330	A. BUILDING: _____ B. WING _____	R-C 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD VILLA LLC CBRF	9343 STATE HWY 101 ARMSTRONG CREEK, WI 54103

(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 05/07/2026, Surveyor conducted a verification visit and complaint (x3) investigation at Maplewood Villa LLC CBRF. Data collection continued through 05/11/2026. Four of 5 deficiencies identified in Statement of Deficiency (SOD) SCFR17, dated 01/15/2026, were corrected. Three of 3 complaints were substantiated. Four deficiencies were identified. The 4 deficiencies were repeat violations. See SOD SCFR17, dated 01/15/2026; SOD SCFR14, dated 11/07/2024; SOD FBQ811, dated 01/12/2022; and SOD DDBB12, dated 01/08/2021. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 10	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition	N 158		

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N 158	Continued From page 1 of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on interview and record review, the provider did not take immediate steps to ensure the safety of all residents. The deficiency was cited for the 2nd time, see Statement of Deficiency (SOD) DDBB12, dated 01/08/2021. Findings include: On 04/16/2026, the Department received a complaint alleging staff abuse between Caregiver F and Resident 3. The provider is licensed to care for 16 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, terminally ill, developmentally disabled, traumatic brain injury, and emotionally disturbed/mental illness. On 05/07/2026 at approximately 11:09 AM, Surveyor interviewed House Manager (HM) B. Surveyor requested Provider's investigations pertaining to caregiver abuse. HM B provided Surveyor with an internal investigation involving an incident of staff verbal abuse between Caregiver F and Resident 3 that occurred on 03/28/2026. According to an Employee	N 158		

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N 158	Continued From page 2	N 158		

Disciplinary Form, dated 03/31/2026, HM B reported, "On 03/29/2026 an allegation of resident abuse was reported involving Staff [sic] member [Caregiver F] and resident (Resident 3)." The Employee Disciplinary Form indicated, "Employee was removed from direct contact w/Resident [sic] during investigation. Employee was suspended pending investigation outcome. The employee, [Caregiver F], suspension shall be lifted and will be returning to work with additional training. Additional monitoring and audits." The Employee Disciplinary Form noted, "Employee has been terminated based on findings." HM B verified that the incident between Caregiver F and Resident 3 occurred on 03/28/2026 and the Provider substantiated verbal abuse, but could not substantiate physical abuse. HM B confirmed submitting a self-report to the Department on 04/01/2026. HM B indicated that Caregiver F was terminated and would not be allowed back at the facility. HM B confirmed that HM B would be referring Caregiver F to the Office of Caregiver Quality (OCQ) via the Misconduct Incident Reporting (MIR) system.

On 05/07/2026 at approximately 1:32 PM, Surveyor interviewed Caregiver E. Surveyor asked about an abuse incident involving Resident 3 and Caregiver F. Caregiver E reported, "I made a report on [Caregiver F] a few months ago. I was working on the day it happened. (It occurred) around 7:00 PM before I was leaving. I witnessed [Resident 3] coming in (from outside) swearing. [Caregiver F] repeated the swear words. [Caregiver F] followed [Resident 3] to the living room and ripped beer from [Resident 3's] hand." Caregiver E stated that Caregiver F followed Resident 3 to his/her bedroom. Caregiver F shut Resident 3's door. Caregiver E commented, "You could hear screaming and swearing throughout

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N 158	Continued From page 3	N 158		

the building." Caregiver E reported that Caregiver F called Resident 3 a "retard" several times. Caregiver E verified the incident occurred on 03/28/2026 (between 7:00 PM and 8:00 PM) and Caregiver E had reported the incident to HM B via telephone on 03/28/2026 and "filled out a report." Caregiver E indicated that Caregiver F worked 7:00 PM to 7:00 AM on the following day (03/29/2026). Caregiver E stated, "It was very upsetting to me. [Resident 3] is definitely afraid of [Caregiver F]." Caregiver E indicated that Caregiver F had been suspended and then terminated a few days after the abuse incident on 03/28/2026. Caregiver E reported, "[Caregiver F] worked the next day with me (03/29/2026) and [Caregiver F] got into an argument with [Resident 2]. [S/He] was screaming at [Resident 2]. [Resident 2] was trying to go into the kitchen and [Caregiver F] yelled at [him/her]."

On 05/07/2026 at approximately 2:30 PM, Surveyor interviewed Licensee A. Surveyor asked about an abuse incident involving Resident 3 and Caregiver F. Licensee A confirmed that there was an incident of verbal abuse involving Resident 3 and Caregiver F a few months ago. Licensee A stated that Caregiver F was suspended the day after the abuse incident and HM B was working on finalizing the investigation and would be referring Caregiver F to OCQ.

On 05/11/2026 at approximately 9:22 AM, Surveyor interviewed HM B via telephone. Surveyor asked about the Provider's abuse investigation involving Caregiver F and Resident 3. HM B verified the following: On 03/28/2026, Resident 3 and Caregiver F were yelling and swearing at each other; the incident was witnessed by residents and Caregiver E; Caregiver E sent a text message to HM B on

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N 158	Continued From page 4 03/28/2026 and reported the incident; HM B did not receive Caregiver E's text message until 03/30/2026 ("due to internet troubles"); Caregiver F worked 7:00 PM to 7:00 AM on 03/29/2026, Caregiver F was suspended on 03/30/2026. HM B verified conducting the abuse investigation and terminating Caregiver F on 03/31/2026. On 05/11/2026 at approximately 9:30 AM. Surveyor interviewed Licensee A via telephone. Surveyor asked about the Provider's abuse investigation involving Caregiver F and Resident 3. Licensee A verified that Resident 3 and Caregiver F were yelling and swearing at each other on 03/28/2026 and HM B received a text message reporting the incident on 03/30/2026 from Caregiver E. Licensee A indicated that HM B was having internet problems and did not receive Caregiver E's text message (that was sent on 03/28/2026) until 03/30/2026. Licensee A verified that Caregiver F worked on 03/29/2026. Licensee A commented, "If the message would have been received sooner, [Caregiver F] would have been suspended immediately." The provider did not take immediate steps to ensure the safety of all residents.	N 158		
{N 194}	83.14(1)(a) Licensee at least 21, fit and qualified A licensee shall be at least 21 years of age and be fit and qualified under s. 50.03(4), Stats., and s. DHS 83.07. This Rule is not met as evidenced by: Based on interview and record review, the licensee did not maintain fit and qualified under s. 50.03(4), Stats., and s. DHS 83.07.	{N 194}		

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{N 194}	Continued From page 5 The deficiency was cited for the 2nd time, see Statement of Deficiency (SOD) SCFR17, dated 01/15/2026. Findings include: According to DHS 83.07(2), in determining whether a person is fit and qualified, the department shall consider all of the following: ... (c) Financial history. Financial stability, including: 1. Financial history and financial viability of the owner or related organization. 2. Outstanding debts or amounts due to the department or other government agencies, including unpaid forfeitures and fines. The provider is licensed to care for 16 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, terminally ill, developmentally disabled, traumatic brain injury and emotionally disturbed/mental illness. On 05/07/2026 at approximately 10:30 AM, Surveyor interviewed Licensee A. Surveyor asked about financial matters pertaining to being fit and qualified. Licensee A reported that Licensee A was waiting on his/her accountant to provide his/her 2024 and 2025 business/personal taxes. Licensee A verified receiving a letter from MCO C on 05/05/2026, placing a freeze on referrals and new admissions. On 05/07/2026 at approximately 2:30 PM, Surveyor interviewed Licensee A. Surveyor conducted a fit and qualified review with Licensee A. Licensee A reported the following: - Licensee A was not current with State and	{N 194}		

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{N 194}	Continued From page 6 Federal taxes - Licensee A was behind on payroll taxes for over a year (working with accountant on payment plan per Licensee A) - Licensee A had contracts with Lakeland and Inclusa MCOs and there was a freeze on referrals and new admissions, effective 05/05/2026 - Licensee A had been without facility insurance since filing a fire claim in May 2023 - the insurance lapsed 6 months after filing the fire claim per Licensee A -Licensee A confirmed needing facility insurance per Provider's contracts with MCOs Licensee A indicated that Licensee A spoke to his/her accountant on 05/06/2026 and Licensee A was still waiting for his her 2024/2025 taxes. On 05/11/2026 at approximately 9:22 AM, Surveyor interviewed Licensee A via telephone. Licensee A verified not having insurance on the property. Licensee A indicated that s/he would "diligently" continue to look for insurance. Licensee A did not provide verification that Licensee A had a payment plan in place with the Department of Revenue. The licensee did not maintain fit and qualified under s. 50.03(4), Stats., and s. DHS 83.07.	{N 194}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF.	N 196		

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N 196	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the licensee did not comply with all laws governing the Community Based Residential Facility (CBRF). The deficiency was cited for the 2nd time, see Statement of Deficiency (SOD) FBQ811, dated 01/12/2022. Findings include: The provider is licensed to care for 16 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, terminally ill, developmentally disabled, traumatic brain injury and emotionally disturbed/mental illness. On 03/03/2026, Department records indicated Licensee A received Statement of Deficiency (SOD) SCFR17, dated 01/15/2026, and Notice of Special Orders to include: Submit all financial documentation in one mailing or delivery. Send your evidence of financial stability within (14) days of receipt of this letter to Assisted Living Regional Director (ALRD). The Notice also read, "WITHIN 10 DAYS of receipt of this notice, the licensee may request an extension for the date of compliance. The request for an extension must be submitted to the Assisted Living Regional Director, Northwestern Regional Office, at DHSDQABALWRO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension." The Department did not receive financial documentation or correspondence from Licensee A within 14 days (03/17/2026).	N 196		

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N 196	Continued From page 8 On 04/03/2026, Licensee A sent an email to the regional office that read, "My accountant is doing my taxes right now. I will forward the requested information when [s/he] is finished." Licensee A indicated s/he hoped to have the documents to the Department "within a week or so." On 04/24/2026, ALRD sent Licensee A an email indicating the Department had yet to receive the financial documents per his/her special orders. Licensee A replied on 04/27/2026, "I am working on it. My taxes are still not completed." On 05/05/2026, the Department received a letter from Managed Care Organization (MCO) C. MCO C's letter indicated that the MCO would be "placing a freeze on referrals and new admissions," effective 05/05/2026, for "failure to communicate/investigate incidents as required, staffing concerns, and failure to show proof of insurance per contractual guidelines..." On 05/07/2026 at approximately 10:30 AM, Surveyor interviewed Licensee A. Surveyor asked Licensee A about facility financial matters (Notice of Special Orders, dated 03/03/2026) and MCO contracts. Licensee A reported that Licensee A was waiting on his/her accountant to provide his/her 2024 and 2025 business/personal taxes. Licensee A verified receiving a letter from MCO C on 05/05/2026, placing a freeze on referrals and new admissions. Licensee A indicated that s/he did not have insurance on the facility. Licensee A confirmed that Licensee A did not submit all financial documentation (evidence of financial stability) to the ALRD within 14 days of 03/03/2026, but indicated that s/he had been corresponding with ALRD via e-mail.	N 196		

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N 196	Continued From page 9 The licensee did not comply with all laws governing the CBRF. Cross Reference N-0194 DHS 83.12(1)(a) Licensee At Least 21, Fit And Qualified.	N 196		
N 496	83.45(1)(e) Electrical, mechanical, water supply Systems. The CBRF shall maintain all electrical, mechanical, water supply, plumbing, fire protection and sewage disposal systems in a safe and functioning condition. This Rule is not met as evidenced by: Based on interview and record review, the provider did not maintain a water supply (hot water) in a safe and functioning condition. The hot water heater was not working for approximately two weeks. The deficiency was cited for the 2nd time, see Statement of Deficiency (SOD) SCFR14, dated 11/07/2024. Findings include: On 04/23/2026, the Department received two complaints alleging the facility had been without hot water for approximately two weeks. The provider is licensed to serve up to 16 residents in the following client groups: advanced aged, physically disabled, developmentally disabled and traumatic brain injury. On 05/07/2026 at approximately 10:48 AM, Surveyor interviewed Cook D. Surveyor asked about the hot water. Cook D reported that the hot water was not working for approximately two	N 496		

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weeks. Cook D indicated that the hot water stopped working about two weeks ago and just started working a few days ago.

On 5/07/2026 at approximately 10:57 AM, Surveyor interviewed Resident 1. Surveyor asked about the hot water. Resident 1 reported that the hot water stopped working for "four to five days about two weeks ago." Resident 1 stated that the staff would heat up water on the stove if hot water was needed for clean up and resident care. Resident 1 indicated that showers were not being given while the hot water wasn't working.

On 05/07/2026 at approximately 11:09 AM, Surveyor interviewed House Manager (HM) B. Surveyor asked about the hot water. HM B reported that the hot water stopped working on 4/19/2026. HM B indicated that the hot water was supposed to be serviced on 04/24/2026. HM B stated that the hot water was fixed and functioning on 04/29/2026. HM B reported that there were no resident showers given between 04/19/2026 and 04/29/2026. HM B commented that Licensee A called at least three plumbers and "we were boiling water constantly."

On 05/07/2026 at approximately 1:32 PM, Surveyor interviewed Caregiver E. Surveyor asked about the hot water. Caregiver E reported the following: The hot water tank went out for two weeks in April 2026; The hot water had been back on for over a week; residents did not receive showers for two weeks. Caregiver E stated, "We would boil water for dishes and to wash our hands and to provide bed baths."

On 05/07/2026 at approximately 1:59 PM, Surveyor interviewed Resident 2. Surveyor asked about the hot water. Resident 2 reported that the

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N 496	Continued From page 11 hot water stopped working for "about three weeks." Resident 2 indicated that the hot water had been working for about a week now. Resident 2 stated that residents were not able to shower for about three weeks while the hot water was not working. Resident 2 commented, "Not having hot water was a big problem, but a lot of people won't speak up." On 05/07/2026 at approximately 2:30 PM, Surveyor interviewed Licensee A. Surveyor asked about the hot water. Licensee A confirmed that the facility did not have hot water for approximately a week and a half (sometime in April 2026) and residents did not receive showers for approximately a week and a half. Licensee A stated, "As of today (05/07/2026), the hot water has been working for a week." Licensee A commented, "Two parts went out simultaneously and we had a hard time getting a plumber in here." The provider did not maintain a water supply (plumbing) in a safe and functioning condition. The facility was without hot water for approximately two weeks.	N 496		