STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015855	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ASSISTED LIVING INC	308 ENGLAND STREET CAMBRIDGE, WI 53523

(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 From 03/19/2026 to 03/24/2026, Surveyor conducted a standard survey at Home Again Assisted Living Inc, a CBRF in Cambridge. Four deficiencies were identified. Census: 36	N 000		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for	N 243		

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

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N 243	Continued From page 1 each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on interview and record review the provider did not ensure 1 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver C did not have training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and required client groups within 90 days after starting employment. Findings include: On 03/19/2026 at approximately 11:00 a.m., Surveyor conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Director A. The facility was licensed to provide care and services to residents within the client groups of irreversible dementia/Alzheimer's and advanced age.	N 243		

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N 243	Continued From page 2 The record for Caregiver C, hired 10/28/2025, did not contain evidence of training or evidence of meeting an exemption for resident rights, challenging behaviors, or providing care and services to residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 03/19/2026, at 11:45 a.m., Surveyor interviewed Director A. Director A confirmed the provider did not have evidence Caregiver C completed or met an exemption for resident rights training, challenging behaviors, or providing care and services to residents within the client groups of irreversible dementia/Alzheimer's and advanced age. Director A stated, "I'd assume [s/he] wasn't up to date on trainings." Director A provided follow up documentation to Surveyor on 03/24/2026 at 1:11 p.m. Documentation did not include documentation of training for Caregiver C.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to	N 247		

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N 247	Continued From page 3 assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 2 employees reviewed obtained all task specific training. Caregiver C, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. Caregiver C, who performed dietary duties, did not have training in dietary services within 90 days after assuming these job duties. Findings include:	N 247		

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N 247	Continued From page 4 On 03/19/2026 at approximately 11:00 a.m., Surveyor conducted a review of 2 employees to verify compliance with task specific training requirements. Surveyor requested training records from Director A. Provision of Personal Care Caregiver C was observed working 1st shift, which included assisting residents with care, while Surveyor was present. The record for Caregiver C, hired 10/28/2025, did not contain evidence of training or evidence of meeting an exemption for personal care training. On 03/19/2026, at 11:45 a.m., Surveyor interviewed Director A. Director A confirmed the provider did not have evidence Caregiver C completed or met an exemption for provision of personal care training prior to assuming these job duties. Director A stated, "I'd assume [s/he] wasn't up to date on trainings." Dietary Training Caregiver C was observed working 1st shift, which included assisting in the dining room for breakfast and lunch, while Surveyor was present. The record for Caregiver C, hired 10/28/2025, did not contain evidence of training or evidence of meeting an exemption for dietary training. On 03/19/2026, at 11:45 a.m., Surveyor interviewed Director A. Director A confirmed the provider did not have evidence Caregiver C completed or met an exemption for dietary training within 90 days after assuming dietary duties. Director A stated, "I'd assume [s/he] wasn't up to date on trainings."	N 247		

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N 247	Continued From page 5 Director A provided follow up documentation to Surveyor on 03/24/2026 at 1:11 p.m. Documentation did not include documentation of training for Caregiver C.	N 247		
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 3 residents reviewed had his/her individual service plan (ISP), updated when there was a change in needs, abilities or physical or mental condition. Resident 1's ISP was not updated when s/he exhibited sexually inappropriate behaviors, experienced hallucinations, used Oxygen PRN and had a change in fall prevention interventions. Findings include: On 03/19/2026 at 10:30 a.m., Surveyor reviewed	N 389		

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N 389	Continued From page 6 Resident 1's record. Resident 1 was admitted to the provider's facility on 12/16/2025. Surveyor identified the following concerns with Resident 1's ISP: INAPPROPRIATE BEHAVIORS: Resident 1's ISP, dated 02/05/2026, documented the following regarding behaviors: - Medication Management: Resident is on scheduled antipsychotics as well as PRN antipsychotic medications. Staff will use PRN Lorazepam for anxiety and restlessness, expressed by unconsolable crying, aggression with cares despite offering comfort and redirection. - Wandering: Mild - easily redirected, non-disruptive, needs based wandering. Resident 1's progress notes and incident reports, dated 12/16/2025 to 03/19/2026, documented the following occurrences of inappropriate verbalizations or actions: - 12/28/2025 6:00 p.m.: Resident told writer, "If I had not been with my [spouse], I would have been at your front door," and "We should have a pajama party but without the pajamas, and see how fun that would be." Throughout the shift resident called staff beautiful and pretty in a friendly manner; however, some of the resident's commentary starts to become uncomfortable for staff. Redirection seems to be successful. - 01/03/2026 9:15 p.m.: While rolling resident, resident began hitting staff's upper thigh. Resident has tried to hold staff in for a kiss multiple times. Resident is very confused and hard to redirect in this manner. - 01/06/2026 7:30 p.m.: Resident told staff s/he	N 389		

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N 389	Continued From page 7	N 389		

wouldn't lay down until staff gave him/her a hug and kiss while s/he was grabbing at staff's thigh. Resident has been very touchy with staff all afternoon, touching the back upper thighs of staff while trying to help resident into bed.
- 01/07/2026 6:30 a.m.: Yelling at staff. Resident rubbed staff's upper leg. When staff removed resident's hand, resident began to yell and cry.
- 01/09/2026 8:15 p.m.: Resident's hands were in his/her pants playing with his/her genitals. As resident was adjusting his/her genitals, s/he asked staff if staff wanted to play, being sexual. Staff told resident "That's not how you talk to people," and resident responded that s/he did not care.
- 01/18/2026 12:45 p.m.: Made inappropriate sexual comments and actions toward staff.
- 01/18/2026 9:15 p.m.: Resident asked staff for a kiss. When resident was told that was inappropriate, resident continued to yell, upsetting other residents.
- 01/20/2026 6:00 a.m. Resident told staff s/he thought they were going to make love and passion. Resident touched staff's low back.
- 02/02/2026 7:00 p.m.: Made inappropriate sexual comments and actions toward staff. Another staff member was asked to come and assist.

A note, dated 01/19/2026 9:15 a.m., by RN B acknowledged Resident 1 had exhibited inappropriate sexualized verbalizations toward staff. The note stated staff were educated and advised to immediately redirect resident, change the subject and maintain a calm, professional approach at the time the behavior occurs. The note stated staff were instructed to avoid reinforcing behaviors, hospice and Power of Attorney were updated and Resident 1's physician was reviewing current medications and

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N 389	Continued From page 8 PRN effectiveness for behavior management. On 03/19/2026 at approximately 12:15 p.m., Surveyor reviewed concern with Director A and RN B that Resident 1 had been exhibiting inappropriate sexual behaviors toward staff; however, the concern along with interventions described in RN B's 01/19/2026 note, were not included in Resident 1's ISP. RN B confirmed Surveyor's observation and stated s/he would update the ISP. HALLUCINATIONS Resident 1's ISP, dated 02/05/2026, did not include documentation of hallucinations. Resident 1's progress notes and incident reports, dated 12/16/2025 to 03/19/2026, documented the following occurrences of hallucinations: - 01/13/2026 5:45 p.m.: Rough afternoon. Extremely anxious and crying constant. Multiple PRNs given with minimal relief. Hallucinating after dinner - Seeing objects and people. - 01/15/2026 9:30 a.m.: Audio and visual hallucinations, speaking out to voices and responding as if s/he is having a conversation. Yelled out and cried for 1-2 hours, screaming for help, asking where everyone was, etc. Extremely hard to redirect, not cooperating with staff. - 01/23/2026 9:45 p.m.: When resident got in bed s/he started to have behaviors and hallucinations. - 01/26/2026 8:30 a.m. Physically aggressive with staff. Hallucinated about someone missing. Difficult to redirect. - 02/28/2026 4:00 a.m.: Had multiple hallucinations and within seconds of each resident would switch between happy, laughing, crying and extremely mad and frustrated. When	N 389		

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N 389	Continued From page 9 staff attempted to calm resident, resident began to kick, hit and grab at staff. On 03/19/2026 at approximately 12:15 p.m., Surveyor reviewed concern with Director A and RN B that Resident 1 had been experiencing hallucinations; however, his/her ISP did not include documentation of hallucinations. RN B confirmed Surveyor's observation and stated s/he would update the ISP. OXYGEN Resident 1's ISP, dated 02/05/2026, did not include documentation of oxygen use. Resident 1's progress notes and incident reports, dated 12/16/2025 to 03/19/2026, included a note, dated 02/15/2026 8:49 p.m., that stated resident had oxygen levels of 70, then 66, then 61. The note stated hospice requested staff place resident on 2L oxygen. On 03/19/2026 at approximately 12:15 p.m., Surveyor reviewed concern with Director A and RN B that Resident 1 had used oxygen, yet oxygen use was not documented in Resident 1's ISP. RN B stated Resident 1 was on hospice and had oxygen ordered PRN. RN B stated s/he would update Resident 1's ISP. FALLS Resident 1's ISP, dated 02/09/2026, identified him/her as a fall risk and stated s/he had a bed alarm that staff were to ensure was working. The ISP also documented that resident could be impulsive and staff were to ensure the alarm was under him/her as able and reposition him/her often in bed or broda chair when looking	N 389		

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N 389	Continued From page 10 uncomfortable. Resident 1's progress notes, dated 12/16/2026 to 03/19/2026, included the following fall follow-up fall notes with interventions that were not included in Resident 1's ISP: - 12/30/2025: Fall mat, see alarm is under resident when in bed, recliner or wheelchair and frequent safety checks. - 01/05/2026: Fall mat and frequent check-ins. - 01/09/2026: Likely cannot be unattended in the bathroom. - 01/19/2026: ½ side rails for bed. - 01/20/2026: Toilet resident right away after supper. - 02/02/2026: Frequent checks and resident to remain in common area when staff are unable to provide direct one-on-one supervision. - 02/16/2026: Frequent checks. - 03/16/2026: Check on resident frequent and ensure broda chair is slightly reclined for safety. On 03/19/2026 at approximately 12:15 p.m., Surveyor reviewed concern with Director A and RN B that Resident 1 had sustained multiple falls with follow-up listing interventions that were not included in the ISP. RN B agreed Resident 1's ISP needed to be updated and stated s/he would follow up.	N 389		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time.	N 525		

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N 525	Continued From page 11 The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a fire drill was held annually that simulated the conditions during usual sleeping hours. Findings include: On 03/19/2026 at 9:30 a.m., Surveyor reviewed the provider's environmental records provided by Director A. The provider's record of fire drills, dated 01/01/2025 to 03/19/2026, did not include documentation of a fire drill that simulated conditions during usual sleeping hours. On 03/19/2026 at approximately 10:00 a.m., Surveyor asked Director A if s/he had documentation of a fire drill conducted during conditions that simulated usual sleeping hours. Director A replied, "No," and explained that s/he did not conduct a night drill in 2025.	N 525		