STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015847	A. BUILDING: _____ B. WING _____	R-C 02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARBOY ASSISTED LIVING	N9520 SILVER CT APPLETON, WI 54915

(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 02/17/2026, with additional information gathered through 02/23/2026, Surveyors conducted a verification visit and standard survey at Darboy Assisted Living. Two of 6 previous deficiencies were corrected. Ten (10) deficiencies were identified. Four of 10 deficiencies were repeat violations. See Statements of Deficiency (SOD) 0M9R11, dated 10/25/2022 and SOD TGDR11, dated 12/18/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 7	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees reviewed (Caregiver O, Caregiver P, and	N 220		

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

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N 220	Continued From page 1 Caregiver Q) were screened for communicable disease by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse. Findings include: On 02/17/2026, Surveyors conducted a standard survey. Surveyor reviewed Caregiver O's employee record and noted s/he was hired on 11/07/2025. There was no evidence in Caregiver O's record s/he was screened for communicable disease. Surveyor reviewed Caregiver P's employee record and noted s/he was hired on 12/26/2024. There was no evidence in Caregiver P's record s/he was screened for communicable disease. Surveyor reviewed Caregiver Q's employee record and noted s/he was hired on 10/24/2023. There was no evidence in Caregiver Q's record s/he was screened for communicable disease. At 12:45 PM, Surveyors interviewed Administrator A who said s/he could not find Caregiver O, Caregiver P, and Caregiver Q's communicable disease screenings in their files, so s/he will send them. On 02/23/2026 at 9:00 AM, Surveyors interviewed Administrator A who acknowledged there was no evidence communicable disease screenings were completed.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses.	N 239		

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N 239	Continued From page 2 Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver O and Caregiver P received department approved trainings. Caregiver O was hired on 11/07/2025 and did not receive First Aid and Choking and Fire Safety within 90 days of hire. Caregiver P was hired on 12/26/2024 and had not received First Aid and Choking and Fire Safety trainings. Findings include:	N 239		

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N 239	Continued From page 3 The provider is licensed to provide services for up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, of advanced age, terminally ill, have traumatic brain injury, and/or have Alzheimer's/dementia. On 02/17/2026, Surveyors conducted a standard survey. Surveyors reviewed Caregiver O and Caregiver P's sample employee records. Surveyor reviewed Caregiver O's employee record and noted s/he was hired on 11/07/2025. His/her record did not include evidence of him/her completing First aid and choking and Fire Safety within 90 days of hire. Surveyor reviewed the Community-Based Care and Treatment training registry for First Aid and choking and Fire Safety. Surveyor reviewed Caregiver P's employee record and noted s/he was hired on 12/26/2024. His/her record did not include evidence of him/her completing First aid and choking and Fire Safety within 90 days of hire. Surveyor reviewed the Community-Based Care and Treatment training registry for First Aid and choking and Fire Safety. At 10:48 AM, Surveyors interviewed Administrator A who said s/he could not find Caregiver O and Caregiver P's main employee file with their trainings and s/he did not know why they were not on the registry. On 02/23/2026 at 9:00 AM, Surveyors interviewed Administrator A who acknowledged Caregiver O and Caregiver P did not receive First Aid and Choking, and Fire Safety trainings. Administrator A verified Caregiver O and Caregiver P did not meet criteria for exemptions from department	N 239		

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N 239	Continued From page 4 approved trainings. Administrator A said "[Caregiver P] thought [s/he] did those already, but not sure what happened with that." Cross Reference: N0251 83.23 Employee Supervision	N 239		
N 251	83.23 Employee supervision. Employee supervision. Until an employee has completed all required training, the employee shall be directly supervised by the administrator or by qualified resident care staff. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure Caregiver P was directly supervised by the administrator or by qualified resident care staff prior to completing all required training. Findings include: On 02/17/2026, Surveyors conducted a standard survey. At 9:08 AM, Surveyors were let into the facility by Caregiver S. Surveyors observed Caregiver S and Caregiver O were working at the facility. At approximately 9:15 AM, Surveyor interviewed Caregiver S who said s/he was training Caregiver O and there was typically 1 staff working. Caregiver O said it was his/her second day working at this facility. Surveyors observed Caregiver S left for the day at approximately 9:45 AM, leaving 1 caregiver working. From approximately 9:45 AM to 9:55 AM, Caregiver O was the only caregiver working at the facility until Adminisrator A arrived to the facility to meet Surveyors.	N 251		

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N 251	Continued From page 5 At 9:55 AM, Surveyors interviewed Administrator A who said staffing was as follows: 6:00 AM - 2:00 PM - 1-2 staff with the second staff being a float that would need to be called from a sister facility if needed. 2:00 PM - 10:00 PM - 1 staff 10:00 PM - 6:00 AM - 1 staff. Surveyor reviewed Caregiver O and Caregiver P's employee records. Caregiver O was hired on 11/07/2025 and s/he did not receive First Aid and Choking and Fire Safety within 90 days of hire. Caregiver P was hired on 12/26/2024 for the company and had not received First Aid and Choking and Fire Safety trainings. Surveyor requested and reviewed provider's January and February 2026 schedule and noted the following: Caregiver P was scheduled and worked as the only caregiver (15 days) on 01/08/2026, 01/09/2026, 01/10/2026, 01/12/2026, 01/13/2026, 01/19/2026, 01/20/2026, 01/21/2026, 01/26/2026, 01/27/2026, 01/28/2026, 01/29/2026, 01/30/2026, 02/11/2026, and 02/12/2026 from 2:00 PM-10:00 PM. On 02/18/2026 at 2:18 PM, Surveyor interviewed Managed Care Organization (MCO) Care Manager (CM) N who said "it always seems like there are new staff at the facility, so when we have questions the staff don't necessarily know...so I have to reach out to [Administrator A] for answers." Surveyor inquired how many staff were generally working at the facility when s/he visited and CM-N said s/he had only ever seen 1	N 251		

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N 251	Continued From page 6 staff working when s/he visited at various times of the day. On 02/23/2026 at approximately 7:10 AM, Surveyors interviewed Caregiver Q who was working the 6:00 AM - 2:00 PM shift. Caregiver Q indicated s/he rotated 1st and 3rd shift. Surveyor inquired how many staff worked each shift and Caregiver Q said there was "1 staff each shift." On 02/23/2026 at 9:00 AM, Surveyors interviewed Administrator A who acknowledged Caregiver P did not have all required trainings completed. Administrator A verified Caregiver P worked full time, 2nd shift independently. Administrator A acknowledged Caregiver P was not directly supervised for multiple shifts prior to completing all required trainings. Cross Reference: N0239 83.20 Department-Approved Training Courses	N 251		
{N 370}	83.34(3) More than $200 personal funds from resident Funds in excess of $200. A CBRF receiving more than $200 of personal funds from a resident shall deposit funds in excess of $200 in an interest-bearing account in the resident ' s name in a savings institution insured by an agency of, or a corporation chartered by, this state or the United States. This Rule is not met as evidenced by: Based on record review and interview, the provider received and maintained more than $200 of Resident 4 and Resident 7's personal funds without depositing funds in excess of $200 in an	{N 370}		

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{N 370}	Continued From page 7 interest-bearing account in the resident's name. Resident funds were managed in 1 multi-resident, multi-facility bank account and amounts managed exceeded $200. This is a repeat violation. See Statement of Deficiency (SOD) TGDR11, dated 12/18/2024. Findings include: On 02/17/2026, Surveyors conducted a verification visit. Surveyor requested Resident 4 and Resident 7's sample accounting records. At 9:48 AM, Administrator A said "there is more than $200 in them now and ready to go back to their POA's [power of attorneys/legal representatives]. At the end of the month we're not managing personal funds anymore. We are going to be sending the money back." Surveyor reviewed Resident 4's record and noted s/he was admitted to the facility on 02/23/2024. Resident 4 had a guardian and rep-payee to manage his/her finances. Resident 4's "Petty Cash Report" from 01/17/2026-02/18/2026 listed a debit on 01/29/2026 for a haircut, leaving a remaining balance of $391.80 as of 02/17/2026. Surveyor reviewed Resident 7's record and noted s/he was admitted to the facility on 03/19/2024. Resident 7 had a guardian and rep-payee to manage his/her finances. Resident 7's "Petty Cash Report" from 01/17/2026-02/18/2026 listed a credit of $100.00 on 01/05/2026, leaving a remaining balance of $694.48 as of 02/17/2026. At 9:55 AM, Administrator A said resident's personal funds were kept in an account at the	{N 370}		

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{N 370}	Continued From page 8 bank. Surveyor inquired whether it was an account under each resident and Administrator A said "no, it's one account under Bethel Assisted Living." Surveyor inquired whether just resident personal funds at Darboy Assisted Living were in the account and Administrator A said no, all residents at all of their facilities. "This is why everything [managing funds] is being canceled out and we can't keep it anymore." Administrator A verified they managed more than $200 in personal funds for Resident 4 and Resident 7.	{N 370}		
{N 427}	83.38(1)(c) Leisure time activities. 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not follow a daily activity program to meet the interests and capabilities of the residents. Employees did not encourage and promote resident participation in the activity program. This is a repeat deficiency. See Statement of	{N 427}		

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{N 427}	Continued From page 9 Deficiency (SOD) TGDR11, dated 12/18/2024. Findings include: The provider is licensed to provide services for up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, of advanced age, terminally ill, have traumatic brain injury, and/or have Alzheimer's/dementia. At the time of survey, the provider was licensed as a class CS, semi-ambulatory facility. At the time of survey, the census was 7. On 02/17/2026 at approximately 9:08 AM, Surveyors observed a living room with Resident 4, Resident 5, Resident 8, and Resident 9 sitting and watching television. At approximately 10:00 AM, Surveyor observed the facility February Activity Calendar hanging on the bulletin board by the Administrator's office. The activity calendar indicated at 10am "coffee and friends" was to be occurring. Surveyors observed Resident 4, 5, 8 and 9 still sitting and watching television. At approximately 11:00 AM Surveyor observed Residents 4, 5, 8 and 9 continuing to sit and watch television. Surveyor observed no activities were completed by staff since surveyors entered the building at 9am. At approximately 2:10 PM, Surveyor observed Resident 5 and 9 sitting in the living room watching television. No other residents were in the living room or dining room area. Surveyor observed the activity calendar and noted at 2pm "let's get walking" was the activity to be occurring. Surveyor observed no staff assisting residents	{N 427}		

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{N 427}	Continued From page 10	{N 427}		

with a walking program in the facility at that time.

On 02/18/2026 at 2:26 PM, Surveyor interviewed Care Manager (CM) Q who said s/he had not observed any individual or group activities being provided to residents during his/her visits and s/he visited more than once a month. CM-Q said Resident 7 would really benefit from activities and s/he enjoyed being around others, but the residents just watch TV in the living room all day.

On 02/19/2026 at 9:11 AM, Surveyor interviewed Nurse Practitioner (NP) S who said from his/her observation, there was little to no interaction or engagement with the residents. NP-S indicated s/he rounded at the facility every few weeks. NP-S said s/he had never seen activities being provided individually to residents or in a group during his/her visits. NP-S said s/he was concerned about Resident 7 and Resident 10 who stick to their rooms often. S/he said all the residents are really lacking engagement and fulfillment that could be provided with activities.

On 02/23/2026 at 7:00 AM, Surveyors observed Residents 4 and 5 sitting in the living room watching television.

On 02/23/2026 at approximately 7:15 AM, Surveyor interviewed Caregiver Q. Caregiver Q indicated Resident 4 likes to watch parades, so they just put a parade on YouTube and Resident 4 will watch it. Caregiver Q also stated Resident 5 is nonverbal so doesn't do many activities. In addition, Caregiver Q stated Resident 8 is hard to get a conversation out of him/her due to dementia diagnosis. Caregiver Q indicated Resident 2 will attend activities but doesn't stay long as s/he will just get up and leave the activity. Lastly, Caregiver Q stated Resident 7 will play video

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{N 427}	Continued From page 11 games in his/her room and once in awhile will come out and sit in chair but not very often. S/he said the listed activities on the calendar do not really work for the residents. On 02/23/2026 at 9:00 AM, Surveyor interviewed Administrator A who acknowledged the activity calendar needed to be updated to reflect the current client groups/residents and activities provided to them.	{N 427}		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observations, interview and record review, the provider did not provide or arrange services adequate to meet the medication needs of residents. Resident 4 had a physician's order for pantoprazole to take 1 tablet every morning before breakfast for GERD (gastro-esophageal reflux disease). Resident 4 did not receive the pantoprazole as ordered.	N 432		

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Resident 7 had a physician's order for levothyroxine to take 1 tablet once daily. Resident 7 did not receive the levothyroxine as ordered. In addition, Resident 7 had a physician's order for breo ellipta inhaler once daily. Resident 7 did not receive the breo ellipta inhaler as ordered.

Resident 9 had a physician's orders for levothyroxine to take 1 tablet by mouth daily. Resident 9 did not receive the levothyroxine medication as ordered.

Findings Include:

A facility policy titled, "Protocol for Passing Medications" dated 11/20/2014 states, "...9. Give medications to resident as directed, giving the resident any directions during the procedure as indicated..."

According to the website Drugs.com, "Administer levothyroxine sodium tablets as a single daily dose, on an empty stomach, one-half to one hour before breakfast." (Source: https://www.drugs.com/pro/levothyroxine.html#s-34067-9 (retrieval date - February 24, 2026).)

Resident 4

On 02/23/2026 at approximately 7:30 AM, Surveyors observed Resident 4 eating breakfast which included a bowl of cereal and a glass of milk.

At approximately 7:55 AM, Surveyor observed medication pass with Caregiver Q. Surveyor observed Caregiver Q give Resident 4 the following medications: pantoprazole, acetaminophen, amolodine, aripiprazole, furosemide, imipramine, losartan, nitrofurantoin,

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N 432	Continued From page 13	N 432		

quetiapine, multivitamin, tramadol, vitamin D and finasteride. Caregiver Q verified s/he administered the above medications. Caregiver Q indicated s/he gave all of these medications together at that time daily.

On 02/23/2026, Surveyor reviewed Resident 4's record which indicated, the resident was admitted to the facility on 02/23/2024 with diagnosis to bipolar, unspecified intellectual disabilities, and GERD. Additionally, the facility managed and administered all of Resident 4's medication. Resident 4 had a physician's order for, "Pantoprazole Sodium DR 20mg (milligrams) tablet to take 1 tablet by mouth every morning before breakfast (gerd)."

Resident 7

On 02/23/2026 at approximately 7:30 AM, Surveyors observed Resident 7 eating breakfast which included a bowl of cereal and a glass of juice.

At approximately 8:15 AM, Surveyor observed medication pass with Caregiver Q. Caregiver Q prepared Resident 7's medications by placing the following medications into a medicine cup: famotidine, lactaid fast, levitrace, levothyroxine, loratadine, quetiapine, sertraline, vitamin B12 and vitamin D. Surveyor observed Caregiver Q approach Resident 7 to administer the breo ellipta inhaler. Caregiver Q proceeded to place the inhaler up to Resident 7's mouth and Resident 7 inhaled in while Caregiver Q administered 1 puff. Caregiver Q removed the inhaler from Resident 7's mouth and placed the top on it. Caregiver Q then handed Resident 7 a medicine cup full of Resident 7's morning medications and a glass of juice. Surveyor observed Resident 7 take the

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DARBOY ASSISTED LIVING	N9520 SILVER CT APPLETON, WI 54915

(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 432	Continued From page 14	N 432		

medications and drink the juice. Surveyor did not observe Resident 7 "rinse and spit" after receiving the breo ellipta inhaler.

On 02/23/2026, Surveyor reviewed Resident 7's record which indicated, the resident was admitted to the facility on 03/19/2024 with diagnosis to include asthma, hypothyroidism and GERD. Additionally, the facility managed and administered all of Resident 7's medication. Resident 7 had physician's orders for, "Levothyroxine 150mcg (micrograms) to take 1 tablet by mouth once daily for hypothyroidism; Breo Ellipta 100-25 mcg inhaler to *rinse and spit after each use* inhale 1 puff into the lungs once daily for asthma."

On 02/23/2026 at 8:45 AM, Surveyor interviewed Caregiver Q regarding the instructions for the inhaler. Caregiver Q was unaware of the instructions to "rinse and spit" after inhaler usage. Caregiver Q and Surveyor reviewed inhaler instructions. Caregiver Q verified s/he did not have Resident 7 "rinse and spit" after the inhaler use.

Resident 9

On 02/23/2026 at approximately 7:30 AM, Surveyors observed Resident 9 eating breakfast which included a bowl of cereal and a glass of juice.

At approximately 7:35 AM, Surveyor observed medication pass with Caregiver Q. Surveyor observed Caregiver Q give Resident 9 the following medications: pantoprazole, acetaminophen, aripiprazole, quetiapine, multivitamin, vitamin B, levothyroxine, aspirin, astorvastatin, meloxicam, metoprolol, rivastigme,

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DARBOY ASSISTED LIVING	N9520 SILVER CT APPLETON, WI 54915

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N 432	Continued From page 15 senna, and tizandine. On 02/23/2026, Surveyor reviewed Resident 7's record which indicated, the resident was admitted to the facility on 07/12/2023 with diagnosis to bipolar, GERD and atrophy of thyroid. Additionally, the facility managed and administered all of Resident 7's medication. Resident 7 has a physician's orders for, "Levothyroxine 25mcg tablet to take 1 Tablet by mouth daily." On 02/23/2026 at 9:00 AM, Surveyor interviewed Administrator A regarding the above observations. Administrator A acknowledged the concerns of not rinsing and spitting after inhaler use and the thyroid and gerd medications being administered after eating.	N 432		
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, record review and interview, the provider did not provide a living environment that was safe, clean, comfortable and homelike for 7 (Residents 4, 5, 6, 7, 8, 9 and 10) out of 7 residents. Findings Include:	N 481		

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DARBOY ASSISTED LIVING	N9520 SILVER CT APPLETON, WI 54915

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N 481	Continued From page 16	N 481		

The provider is licensed to provide services for up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, of advanced age, terminally ill, have traumatic brain injury, and/or have Alzheimer's/dementia. At the time of survey, the provider was licensed as a class CS, semi-ambulatory facility. At the time of survey, the census was 7.

On 02/17/2026 at 9:08 AM, Surveyors entered the facility and noted the following:

*Outside the entrance to the facility was a pillow with a pillow case covering it laying on the concrete

*Multiple vents located throughout the facility were noted to have a brown residue on them

*A closet containing multiple packages of opened and unopened briefs and bedding was unorganized

*Locking mechanism observed on sliding door to kitchen and drawer in kitchen (not locked)

*Refrigerator in kitchen had light red stains on inside of door and bottom of fridge

*Top freezer portion of refrigerator there appeared to be a sticky reddish substance on the bottom

*The cabinet under the kitchen sink appeared to be collapsed in the back and a brownish residue all over the bottom

*Multiple kitchen cabinet doors had brown and white splatters on them

*The room off the living room contained 3 large cardboard boxes and 3 plastic bins with items in them, located in the middle of the room, impairing a residents ability to sit on the couches or chairs and utilize the TV in that room.

*The back exit/entrance had leaves scattered throughout the vestibule along with multiple cobwebs in the corners of the vestibule

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DARBOY ASSISTED LIVING	N9520 SILVER CT APPLETON, WI 54915

(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 481	Continued From page 17 *The back exit/entrance had about a 1 inch gap at the bottom of the door and a smaller gap on the side of the door, allowing sunshine to come through *The fish tank had a white substance located on the cover along with on the filter and heater located on the back of the tank *Next to the fish tank was a long green extension cord and a surge protector laying on the floor, the fish tank was connected via the extension cord to the surge protector *The bathroom tub had a brownish residue at the bottom *The toilet located in the bathroom by room 4 had brownish stains inside and around the base *An empty resident room contained an area rug, crumpled on the floor; a bra laying on a nightstand, and a TV with remote and cable box on the floor. The carpet was noted to have several dark stains and was rippling. *Surveyors noted a urine-like odor. Surveyor observed a scent outlet plug-in which was empty and twisted in the outlet to the right of the entrance door and another empty scent outlet plug-in in the dining room. On 02/17/2026 at approximately 9:30 AM, Surveyors interviewed Administrator A regarding the empty resident room. Administrator A verified there was no current resident living in that room. Administrator A stated the resident who did occupy that room moved out about 6 months ago. On 02/23/2026 at 9:00 AM, Surveyors informed Administrator A of the above findings. Administrator A confirmed and stated, "Ok." Cross Reference: Y3244 50.09(1)(L) Care	N 481		

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N 499	Continued From page 18	N 499		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds, polishes, insecticides, and toxic substances were labeled and stored in a secure area. Findings include: The provider is licensed to provide services for up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, of advanced age, terminally ill, have traumatic brain injury, and/or have Alzheimer's/dementia. At the time of survey, the provider was licensed as a class CS, semi-ambulatory facility. At the time of survey, the census was 7. On 02/17/2026 and 02/23/2026, Surveyors conducted a standard survey and verification visit. At approximately 9:09 AM, Surveyors observed an enclosed kitchen that had an opening to the dining room and a counter that separated the kitchen and dining room. Surveyors observed a jug of dish soap located in reaching distance from the dining room. At approximately 9:11 AM, Surveyor observed an open, unlocked laundry room. The laundry room was located in the resident room hallway, which	N 499		

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(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
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connected the resident rooms to the common areas.
Surveyor observed the following from the hallway looking into the laundry room:
-a jug of bleach
-a jug of Pine Sol floor cleaner
-a spray bottle of Windex window cleaner

Upon walking into the laundry room, Surveyor observed shelving on the right side of the laundry room which contained:
-a bottle of "Radiance Bathroom Cleaner with Bleach"
-a bottle of "Power Force Bathroom Cleaner with Bleach"
-a bottle of Lotus mop soap
-a jug of weed killer
-an unlabeled 5-gallon pail with a green top, funnel and dark green liquid in it

At 10:56 AM, Surveyor observed Licensee C in the laundry room pouring the liquid into the washing machine detergent dispenser and starting a load of wash. Upon exiting, Licensee C said s/he was doing laundry and closed the door. Surveyor noted the laundry room door remained unsecured.

At approximately 1:00 PM, Surveyor observed the laundry room was open and unlocked.

At approximately 2:15 PM, Surveyor observed the laundry room and kitchen to be closed and unlocked.

At 9:18 AM, Surveyor observed the open kitchen with a large jug of dish soap which had a jug pump located on the counter next to the sink.

Under the unlocked kitchen sink, Surveyor

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N 499	Continued From page 20 observed: -a bottle of Pine Sol floor cleaner -a spray bottle of Mold & Mildew stain remover -a can of Easy Off grill cleaner -a small bottle of dish soap At 10:59 AM, Surveyor observed Caregiver O in the dining room and reach across the counter into the kitchen and move the dish soap on the counter to behind the wall. Surveyor noted the dish soap was still in-reach from the dining room. On 02/23/2026 at 7:02 AM, Surveyors observed the jug of dish soap on the counter of the kitchen from the dining room. At 7:34 AM, Surveyor observed the laundry room was open and unlocked, and the same substances noted on 02/17/2026 were still visible from the hallway and upon entering. On 02/23/2026 at 9:00 AM, Surveyors interviewed Administrator A who acknowledged toxic substances were not labeled and secured.	N 499		
{N 637}	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe	{N 637}		

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{N 637}	Continued From page 21 distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 exits provided an unobstructed travel to the outside. The sidewalk used for exiting was not kept free of ice, snow and obstructions or barriers, and the gate was not easily openable from the inside to exit to the designated safe space. This requirement is being cited for a third time. See Statement of Deficiency (SOD) 0M9R11 dated 10/25/2022, and SOD TGDR11, dated 12/18/2024.. Findings include: The provider is licensed to provide services for up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, of advanced age, terminally ill, have traumatic brain injury, and/or have Alzheimer's/dementia. At the time of survey, the provider was licensed as a class CS, semi-ambulatory facility. At the time of survey, the census was 7. On 02/17/2026 and 02/23/2026, Surveyors	{N 637}		

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{N 637}	Continued From page 22 conducted a standard survey and verification visit. At 10:20 AM, Surveyor viewed the fire plan map located on the wall of the common area and noted the designated safe space was the parking lot from both exits. Surveyor noted 2 identified exits from the facility, the front door and the back door. The back door exit led to a small vestibule and out and exterior door to an outdoor fenced in patio. The patio led to a gate which separated the exit door, patio, and driveway where the designated safe space was located. At 10:30 AM, Surveyor exited the building using the back door to the patio and noted the cement patio was snow and ice covered, causing Surveyor to slip while walking across it twice. Surveyor walked to the gate and observed a slide lock, a double hinge safety lasp, and a cane bolt down to the cement. Surveyor attempted to open the slide lock and the cane bolt with difficulty without using force. On 02/23/2026 at 8:30 AM, Surveyors observed the patio gate was still closed with the slide lock and cane bolt. At 9:00 AM, Surveyors interviewed Administrator A who acknowledged the 2nd exit was not free from obstructions to the designated safe space.	{N 637}		
{Y3244}	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to	{Y3244}		

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{Y3244}	Continued From page 23 (l) Receive adequate and appropriate care within the capacity of the facility. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure Resident 7 was provided appropriate and adequate care within the capacity of the facility. This is a repeat violation. See Statement of Deficiency (SOD) TGDR11, dated 12/18/2024. Findings include: The provider is licensed to provide services for up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, of advanced age, terminally ill, have traumatic brain injury, and/or have Alzheimer's/dementia. On 02/17/2026, Surveyors conducted a verification visit and standard survey. At approximately 9:30 AM, Surveyors interviewed Administrator A who said Resident 7 did not always agree to take showers. S/he said staff were directed to reapproach him/her when s/he	{Y3244}		

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{Y3244}	Continued From page 24	{Y3244}		

refused. Administrator A said Resident 7 was on a 2-hour toileting schedule to make sure s/he didn't have accidents.

Surveyor reviewed Resident 7's record and noted s/he moved into the facility on 03/19/2024 with diagnoses of Down syndrome, chronic venous stasis dermatitis of both lower extremities, seizure disorder, morbid obesity, major depressive disorder, obstructive sleep apnea, asthma, full incontinence of feces, gastro-esophageal reflux disease and functional urinary incontinence. Resident 7 had a corporate guardian and was able to verbalize his/her needs.

Surveyor reviewed his/her current individual service plan (ISP) with print date 02/17/2026 and noted:
Bathing - "Requires full assistance including physical and verbal assistance. Requires hands-on assistance with washing, shampooing and getting in and out of tub/shower. [S/he] will refuse showers at times. Reattempt to get into the shower. Put music on when [s/he] is in bathroom or make sure the bathroom is warm."
Dressing - "Requires monitoring and assistance as needed with dressing and undressing as well as choosing proper attire."
Toileting - "Provide verbal prompting as well as physical assistance as needed with toileting needs."
Toilet Check - Daily every 2 hours - "To have staff initiate and assist with toileting schedule on an ongoing basis. Staff will cue as needed and assist when required ...To maintain continence and receive assistance with toileting schedule."

Surveyor reviewed Resident 7's January and February 2026 Task Administration Record (TAR) and noted the following missing documentation to

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{Y3244}	Continued From page 25 identify completed personal cares: Bathing - Full assistance - listed daily at 3:00 PM. Documentation was blank 13 days in January and 15 of 17 days in February. Dressing - listed daily at 6:00 AM and 8:00 PM (2 shifts daily). Documentation was blank 28 shifts in January and 24 of 34 shifts in February. Toilet Check - listed daily every 2 hours (12 checks daily). Documentation was blank 5 entire days and 20 partial days in January, 1 of 17 entire days and 14 of 17 partial days in February. Surveyor note: No refusals of bathing or other personal cares were listed on Resident 7's TARs. Surveyor reviewed Resident 7's sample January-February 2026 observation notes: 01/10/2026 "client refused to shower" 01/22/2026 "Resident was given a shower yesterday. [S/he] refused to shower today." 01/26/2026 "Resident refused to shower" 01/27/2026 3:15 PM "resident refused to shower" 01/27/2026 9:30 PM "resident still refused to shower even after knowing that [his/her] [family member] was visiting tomorrow" 01/28/2026 6:15 AM "refusing to get up off the chair, has sat there all night has not slept at all [sic], is wet and has a bad smell, refusing to use the bathroom, change [his/her] clothes, will try again in a bit" 01/28/2026 12:15 PM "sleeping since 9:30am, [sic] because of staying awake all night [s/he] could not get up when [his/her] [family member] got here, [s/he] will come back at 4:40pm, [sic] [Resident 7] is wet [s/he] refusing [sic] to get changed I will keep trying and let next shift know, did not wake up for lunch, or noon meds" 02/11/2026 "resident refused to shower" At 9:13 AM, Surveyor observed Resident 7 to be walking down the hall to the dining room barefoot.	{Y3244}		

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{Y3244}	Continued From page 26	{Y3244}		

His/her pants were visibly longer than his/her inseam, causing his/her pants to drag under his/her feet as s/he walked.

At approximately 10:30 AM, Surveyor interviewed Resident 7 who was pleasant and excitable to talk. Surveyor observed a soiled incontinence brief on the floor next to his/her closet. Resident 7 was partially laying down and sitting up in his/her bed. Surveyor observed a prominent urine-like odor coming from Resident 7. Resident 7 presented disheveled with his/her hair messy and greasy in appearance, and long whiskers on his/her neck under his/her chin. Surveyor noted Resident 7 had yellow tinted fingernails that were approximately ½ an inch long. S/he asked whether s/he got his/her fingernails cut often and s/he said no. Surveyor asked if s/he wanted them cut and Resident 7 said yes. Surveyor observed Resident 7's ankles to be off- purple in color, dry, cracked, and swollen, making his/her ankle bone non-visible. Resident 7's feet were slightly swollen and his/her thick toenails were approximately ½ inch in length. Resident 7 said his/her feet hurt sometimes. S/he shared s/he didn't like to wear socks and shoes because they hurt his/her feet. Surveyor looked at the bottom of Resident 7's feet and observed the bottom of all of his/her toes and the sole of his/her feet were black with dirt and visible tiny gravel-like debris. Surveyor asked Resident 7 the last time s/he got a shower and s/he said "the other day." Surveyor asked whether s/he liked taking showers and s/he said "when it's warm."

At approximately 1:40 PM, Surveyor observed the soiled incontinence brief was still on the floor near the closet and door in Resident 7's room.

On 02/18/2026 at 2:26 PM, Surveyor interviewed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015847	A. BUILDING: _____ B. WING _____	R-C 02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARBOY ASSISTED LIVING	N9520 SILVER CT APPLETON, WI 54915

(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
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Resident 7's Managed Care Organization Care Manager, (CM) N. CM-N said s/he had been assigned to Resident 7 around a year and a half. S/he described Resident 7 as being sweet and easy to talk to. S/he said s/he wasn't aware of him/her refusing any cares or showers. CM-N said Resident 7 was often "unclean looking" and had greasy hair. S/he said s/he was concerned about his/her feet as they "looked pretty rough" when s/he saw Resident 7 at the end of January, describing him/her as having thick skin and his/her feet being very dry, cracked, and dirty looking. CM-N said when s/he asked staff about Resident 7's ankles and feet being dry and dirty, staff just tell him/her that they are applying lotion to them. CM-N said s/he had requested for staff to monitor Resident 7's food and fluid intake and they have yet to document on this. CM-N stated the facility had very poor documentation.

On 02/19/2026 at 9:11 AM, Surveyor interviewed Nurse Practitioner (NP) S who was Resident 7's primary care practitioner. S/he described Resident 7 as being a very happy and agreeable person. S/he didn't like to wear socks or shoes and had vascular issues causing his/her feet to be purple in color due to poor circulation. NP-S said Resident 7 was sometimes resistant to showers, however, was easily redirectable and staff generally had success reapproaching. S/he said s/he felt that staff didn't try again if Resident 7 initially says no. NP-S described Resident 7 as being unclean and odorous or urine during every visit with him/her. S/he said s/he cut his/her fingernails as provider staff did not ever do it. NP-S said s/he was very concerned about Resident 7's overall hygiene.

On 02/23/2026 at 7:15 AM, Surveyor interviewed Caregiver Q who described Resident 7 as being

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	0015847	A. BUILDING: _____ B. WING _____	R-C 02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARBOY ASSISTED LIVING	N9520 SILVER CT APPLETON, WI 54915

(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
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pretty independent and someone who was friendly with everyone but was in his/her room and bed often. S/he said Resident 7 was independent with toileting and did not refuse to use the bathroom. Caregiver Q said Resident 7 was "hit or miss" with refusing showers and required to be reapproached if s/he refused.

At approximately 7:20 AM, Surveyor observed Resident 7 as s/he walked into the dining room from his/her room. His/her hair was unkempt and greasy in appearance. Resident 7's fingernails appeared longer than they did for Surveyors' visit on 02/17/2026. Resident 7 was barefoot and the bottom of his/her toes were brown with a dirty appearance.

Surveyor note: Resident 7's ISP did not identify s/he preferred to be barefoot and refused socks or shoes, the condition of his/her ankles/feet, incontinence care needs, finger nail care, and behaviors related to incontinence products.

Resident 7
On 02/17/2026 at approximately 10:50 AM, Surveyor interviewed Resident 7 in his/her room. Surveyor observed a soiled depends and pants on his/her floor by the door. Surveyor noted a potent urine-like odor outside of his/her room which increased upon standing in his/her. Resident 7's vinyl flooring was sticky to walk on and had a visible gray film over the faux wood-like surface. His/her nightstand, dresser, chair, game console, blinds, and personal belongings were covered in dust-like debris. S/he had an empty bag of chips, 1 sock, a grocery bag, a hanger, and a half opened box with a game console on the floor. His/her ceiling vent and ceiling light had thick gray dust on and surrounding them and 2 of the 4 corners of

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	0015847	A. BUILDING: _____ B. WING _____	R-C 02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARBOY ASSISTED LIVING	N9520 SILVER CT APPLETON, WI 54915

(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
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his/her wall and ceiling had cobwebs. Resident 7's bed was unmade and s/he did not have a pillowcase on his/her pillow, although the white pillow had various brown spots on it. Resident 7's nightstand was cluttered with items, multiple drawers were open with clothes sticking out, and clothing was falling off the hangers in his/her closet. Resident 7's bed had fitted sheet and blanket on it, and no top sheet. The fitted sheet was not fully tucked, exposing the oversized mattress protector under it. The box spring was exposed and Surveyor observed 2 large off-brown irregular circles on the surface of the white fabric boxspring.

Surveyor reviewed Resident 7's record and noted s/he moved into the facility on 03/19/2024 with diagnoses of Down syndrome, chronic stasis dermatitis of both lower extremities, asthma, morbid obesity, and asthma. Surveyor reviewed Resident 7's current individual service plan (ISP) with print date 02/17/2026 and noted: Housekeeping - "Daily @ As Needed ...requires assistance with housekeeping needs ...To maintain a clean and orderly living space." Surveyor reviewed Resident 7's Task Administration Record and noted housekeeping for Resident 7 was not identified as a task to be documented on his/her record.

On 02/18/2026 at 2:26 PM, Surveyor interviewed Managed Care Organization Care Manager (CM) N who said Resident 7's room "was pretty dirty most of the time." S/he said there were "always pretty strong smells of urine." CM-N said s/he has had to ask staff to mop his/her floor in the past.

On 02/19/2026 at 9:11 AM, Surveyor interviewed Nurse Practitioner (NP) S who was Resident 7's

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primary care practitioner. S/he said it had been his/her experience that they did not keep the place very clean. "[Resident 7's] room is always horribly dirty." NP-S said s/he has asked staff multiple times to clean and mop Resident 7's floor and it doesn't seem to get done regularly.

On 02/23/2026 at 7:40 AM, Surveyor observed Resident 7's room to be disheveled, with surfaces covered in items and dust, and to have a strong urine-like odor.

On 02/23/2026 at 8:45 AM, Surveyors interviewed Administrator A. Surveyor inquired about most recent assessments and Administrator A said any updates were added to the ISP's with care plan reviews and with changes. Administrator A said s/he did not do separate forms for assessments as they were added right to the ISP. Administrator A indicated Resident 7's current ISP was the most updated per his/her assessment of Resident 7. Administrator A said Resident 7 last had a shower on Thursday, 02/19/2026. Surveyor noted this was not documented and Administrator A said it should have been. Surveyor inquired whether staff checked his/her room for incontinence products as there was a soiled depends on his/her floor during Surveyors' visit on 02/17/2026 and s/he said "they are supposed to be." Surveyor inquired whether this was normal for Resident 7 and s/he said yes, and that "[s/he] hides them [soiled depends] in [his/her] drawers and laundry too." Administrator A acknowledged Resident 7's ISP was not updated to reflect this and the concerns regarding his/her room. Administrator A acknowledged Resident 7's care needs were not being met.