STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014358	A. BUILDING: _____ B. WING _____	C 01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APRIA RESIDENTIAL SOUTHMOOR	2833 S 12TH ST SHEBOYGAN, WI 53081

(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
M 000	INITIAL COMMENTS On 01/06/2026, Surveyor conducted one (1) complaint investigation at Apria Residential Southmoor. Additional information was gathered through 01/07/2026. As a result of the survey, one (1) deficiency was identified, 1 complaint was substantiated. Census: 2	M 000		
M 398	88.06(2)(c)6 PERSONAL FUNDS How personal funds will be handled. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident funds were returned to the resident after s/he discharged. Findings include: On 10/02/2025, the Department received a complaint regarding the provider's system for resident funds. On 01/06/2025 at approximately 8:05 AM, Surveyor interviewed House Manager (HM) A. HM A stated the office managed all of residents' personal money. HM A stated Surveyor will need to talk with President B. On 01/06/2025 at 12:20 PM, Surveyor reviewed Resident 1's record. Resident 1 admitted to the facility on 12/11/2019 and discharged from the facility on 08/18/2025. On 01/06/2025 at 1:04 PM, Surveyor interviewed Family C. Family C stated s/he had reached out to the facility several times to try to get Resident 1's money returned. Family C stated s/he has not	M 398		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 398	Continued From page 1 been able to get the accounting ledger or a refund of Resident 1's resident funds since Resident 1 discharged in August 2025. On 01/06/2025 at 2:47 PM, Surveyor interviewed President B. President B stated Managers buy products for the residents and send the receipts to the office for Finance D to subtract from the resident totals. President B stated s/he talked with Finance D and Finance D confirmed s/he had 35 receipts s/he needed to go through and log in the resident funds. President B acknowledged s/he had received a call from Family C, but s/he directed Family C to Finance D. President B stated s/he was unaware Finance D had not refunded Resident 1's money. Surveyor requested a copy of Resident 1's Service Agreement and account ledger. On 01/06/2026 at 5:25 PM, Surveyor received an email from President B with Resident 1's admission agreement. The Admission Agreement identified "Refund Policy" and stated, "All prepaid fees, not including processing fee and monthly rate, shall be returned within 30 days after the date of discharge." On 01/07/2026 at 10:07 AM, Surveyor received an email from President B with an "Account Quick Report." The report reflected deposits and expenses from 09/10/2024 to 07/07/2025. The total balance after the 07/07/2025 expense was $1,513.96. The provider did not ensure resident funds were returned to the resident after s/he discharged from the facility.	M 398		